2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P98000025658

City-St-Zip:

HOLLYWOOD, FL 33020

Entity Name: C.L.M. MANAGEMENT, INC.

FILED Apr 01, 2002 8:00 AM Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
SUITE 101	DING STREET DOD, FL 3302						
Current Mailing Address:				New Mailing Address:			
2035 HARDING STREET SUITE 101 HOLLYWOOD, FL 33020				C/O SOUTH BROWARD ACCOUNTING SERVICE 1152 N UNIVERSITY DR STE 202 PEMNROKE PINES, FL 33024			
FEI Number:	: 65-0844561	FEI Number Applied For ()	FEI Nur	mber Not Applicable ()	Certificate of Status Desired ()		
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
633 S AND SUITE 402	IEZ, CARLOS , DREWS AVE 2 JDERDALE, FI						
	named entity : e of Florida.	submits this statement for the	purpose c	of changing its register	red office or registered agent, or bot	h,	
SIGNATU	RE:						
Electronic Signature of Registered Agent					Date	_	
		o satisfy its Intangible Tax filing red g Trust Fund Contribution ().	quirement a	and elects to do so ().			
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PD () MATIGIAN, MA' 2035 HARDING HOLLYWOOD,	ST		Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	RODRIGUEZ, 0 633 S ANDREV	Delete CARLOS A VS AVE STE 402 DALE, FL 33301		Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address:	TSD () CAUDILL, LUC 2035 HARDING			Title: Name: Address:	() Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: MATT MATIGIAN PD 04/01/2002