

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000006315

1. Entity Name

CLAUDIA G., INC.

Principal Place of Business

5841 RIVERSIDE DRIVE
APT 106
POMPANO BEACH FL 33067

Mailing Address

5841 RIVERSIDE DRIVE
APT 106
POMPANO BEACH FL 33067

2. Principal Place of Business

10653 N.W. 53rd Street

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SUNRISE, FL

City & State

Zip

33351

Country

USA

Zip

Country

4. FEI Number

65-0888984

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BONNET, JUAN M
7950 W. MENUB RD., #221
TAMARAC FL 33321

7. Name and Address of New Registered Agent

Name: BONNET JUAN M.
Street Address (P.O. Box Number is Not Acceptable): 5841 RIVERSIDE DR. #106
City: CORAL SPRINGS FL Zip Code: 33067

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1/8/01

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	BONNET, JUAN M	
STREET ADDRESS	7950 W. MENUB RD., #221	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GOMEZ, CLAUDIA	
STREET ADDRESS	7950 W. MCNUB RD. #221	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BONNET, JUAN M	
STREET ADDRESS	5841 RIVERSIDE DR, Apt 106	
CITY-ST-ZIP	CORAL SPRINGS, FL 33067	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOMEZ, CLAUDIA	
STREET ADDRESS	5841 RIVERSIDE DR, Apt 106	
CITY-ST-ZIP	CORAL SPRINGS, FL 33067	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/08/01 (954) 255-7182

Date

Daytime Phone #

0132301

CR2E034 (10/00)

FILED
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90031 023 ***150.00

C0005578



DO NOT WRITE IN THIS SPACE