

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000014244

1. Entity Name

CLARO CORPORATION

Principal Place of Business

269 S. FEDERAL HWY.
DEERFIELD BEACH FL 33441

Mailing Address

428 ALEDO AVE.
CORAL GABLES FL 33134-7144

2. Principal Place of Business

2355 Salzedo Ave.

3. Mailing Address

2355 Salzedo Ave

Suite, Apt. #, etc.

315

Suite, Apt. #, etc.

315

City & State

Coral Gables, FL

City & State

Coral Gables

4. FEI Number

65-0893895

Applied For

Not Applicable

Zip

33134

Country

Zip

FL

Country

33134

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PREMER, CLAUDIA N
428 ALEDO AVE.
CORAL GABLES FL 33134

Name

Street Address (P.O. Box Number is Not Acceptable)

2355 Salzedo Ave

Suite 315

City

Coral Gables

FL

Zip Code

33134

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

Claudia N. Premer

Claudia N. Premer

4/28/00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS PREMIER, ROY A
CITY-ST-ZIP 428 ALEDO AVE.
CORAL GABLES FL 33134

TITLE ☐ Change ☐ Addition
NAME DVST
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS PREMIER, CLAUDIA N
CITY-ST-ZIP 428 ALEDO AVE.
CORAL GABLES FL 33134

TITLE ☐ Change ☐ Addition
NAME DP
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Roy A. Premer

4/28/00

305 444 1427

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2F034 (9/00)