

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000019962

1. Entity Name

CLOUDS OF SOUTH FLORIDA, INC.

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90044 005 ***150.00

Principal Place of Business

1040 SW 46 AVE #201
201
POMPANO BEACH FL 33069-0994

Mailing Address

1040 SW 46 AVE #201
201
POMPANO BEACH FL 33069-0994

2. Principal Place of Business

1060 SW 46 Ave # 308

3. Mailing Address

1060 SW 46 Ave # 308

Suite, Apt. #, etc.

308

Suite, Apt. #, etc.

308

City & State

Pompano Beach FL 33069

City & State

Pompano Beach, FL 33069

Zip

33069

Country

USA

Zip

333069

Country

USA

4. FEI Number

65-0900851

Applied For

Not Applicable

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

RAPPORT, STEPHEN R
201 ALHAMBRA CIRCLE
SUITE 711
CORAL GABLES FL 33134

Name

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

City

FL

Zip Code

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

S

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME ROMANO, MIGUEL R
STREET ADDRESS 1040 SW 46 AVE # 201
CITY-ST-ZIP POMPAÑO BEACH FL 33069-0994 ☐ Delete

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

TITLE S
NAME ROMANO, CARMEN B
STREET ADDRESS 1040 SW 46TH AVE # 201
CITY-ST-ZIP POMPAÑO BEACH FL 33069-0994 ☐ Delete

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

TITLE W
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

Carmen Romano, Sec.

954-978-1912

01-19-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)