## FILED 2002 UNIFORM BUSINESS REPORT (UBR) Sep 16, 2002 8:00 am Secretary of State P99000079993 DOCUMENT # 1. Entity Name 09-16-2002 90109 006 \*\*\*150.00 C.L.N. EXPRESS, INC. Mailing Address Principal Place of Business 9341 W. SUNRISE BLVD. 9341 W. SUNRISE BLVD. PLANTATION FL 33322 PLANTATION FL 33322 2. Principal Place of Business 3. Mailing Address 6151 Palm Trace Landings Dr. 6151 PALM TRACE LANDINGSDR Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Applied For 4. FEI Number City & State City & State 65-0948324 Not Applicable \$8.75 Additional Country Country Certificate of Status Desired. ee Required (-)-S 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVE. **CORAL GABLES FL 33134** Zip Code City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After September 13, 2002 Fee will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (4/02) ☐ Addition Change TITLE ☐ Delete **PSTD** TITLE NAME NICHOLS, COREY NAME STREET ADDRESS STREET ADDRESS 9341 WEST SUNRISE BLVD. CITY-ST-ZIP **PLANTATION FL 33322** CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change

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

TITLE

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# 220 City & State	te	City & State Davie, Fu		4. FEI Number 65-0948324	Applied For Not Applicat
Davie, 33314	Country	7 Zip 33314	Country USA	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Current		Name	7. Name and Address of New Re	egistered Agent
	& UTRERA, P.A.		Street Address	(P.O. Box Number is Not Acceptable	)
343 ALME CORAL G	erija ave. Bables FL 33134				
	e named entity submits this statement f		City		FL Zip Code
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