

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 15, 2000 8:00 am**  
**Secretary of State**

08-15-2000 90006 030 \*\*\*400.00  
 06-20-2000 90008 050 \*\*\*163.75

H0072541



DO NOT WRITE IN THIS SPACE

**DOCUMENT # P99000091245**

1. Entity Name  
**CLONEWORKZ, INC.**

Principal Place of Business  
 1688 NE 123RD ST.  
 NORTH MIAMI FL 33181-2701

Mailing Address  
 1688 NE 123RD ST.  
 NORTH MIAMI FL 33181-2701

2. Principal Place of Business  
 1175 99th St

3. Mailing Address  
 Same

Suite, Apt. #, etc.  
 1

City & State  
 Bay Harbor Est

City & State

4. FEI Number  
 EIN 65-0951312

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**SENSAT PEDRO**  
 1430 NE 156 TERR.  
 N. MIAMI FL 33162

7. Name and Address of New Registered Agent  
 Name: **GIOVANNI H. VERGARA**  
 Street Address (P.O. Box Number is Not Acceptable):  
 1175 99 ST. STE. 1  
 City: **BAY HARBOR EST FL** Zip Code: **33154**

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: *Giovanni H. Vergara* DATE: **8/11/00**  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>VERGARA, GIOVANNI H</b> <b>1175 99TH ST., UNIT B-1</b> <b>BAY HARBOR ISLANDS FL 33154</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SENSAT, PEDRO J</b> <b>1430 NE 156 TERR.</b> <b>N. MIAMI FL 33162</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SENSAT PEDRO J</b> <b>1430 NE 156 Terr</b> <b>N. MIAMI, FL 33162</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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, if empowered.

SIGNATURE: *Giovanni H. Vergara* DATE: **8/11/00** Daytime Phone #: **305 993-0052**

CR2E034 (5/00)