2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000105171

1. Entity Name

THE CLIPPER CLUB, INC.

FILED
Jul 12, 2000 8:00 am
Secretary of State

04-28-2000 90091 021 ***150.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2201 NW 102 PLACE BAY #3 MIAMI FL 33172	2201 NW 102 PLACE BAY #3 MIAMI FL 33172

2. Principal Place of Business		3. Mailing Address	
2201 NW 102 PL		2201 NW 102 PL	
Suite, Apt. #, etc.: #3		Suite, Apt. #, etc.: #3	
City & State: Miami FL 33172		City & State: Miami FL	
Zip: 33172	Country: USA	Zip: 33172	Country: U.S.A.

4. FEI Number: Applied for ☑ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DE CASTRO, ANTONIO
2201 NW 102 PLACE BAY #3
MIAMI FL 33172

7. Name and Address of New Registered Agent

Name: Antonio de Castro
Street Address (P.O. Box Number is Not Acceptable): 2201 NW 102 PL #3
City: Miami FL Zip Code: 33172

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: Antonio de Castro DATE: 04/20/00

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 $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

TITLE	Owner	☐ Delete
NAME	Orlando Padron	
STREET ADDRESS	6809 NW 110 Ct	
CITY-ST-ZIP	Miami FL 33178	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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: [signature] Officer 5/19/2000 (305) 4369797

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #