

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90217 036 ***150.00

DOCUMENT # S95015

1. Entity Name
CLOVERLEAF MANAGEMENT SERVICES CORP.



Principal Place of Business
P.O. BOX 1200
FT. LAUDERDALE FL 33302

Mailing Address
700 SOLAR ISLE DR
FORT LAUDERDALE FL 33301



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
700 SOLAR ISLE DR.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
FT. LAUDERDALE, FL.

City & State

4. FEI Number **65-0348685**

Applied For
Not Applicable

Zip
33301

Country
U.S.A.

Zip

Country

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

PERRY, MARK C.
2455 E. SUNRISE BLVD.
SUITE 905
FT. LAUDERDALE FL 33304

Name **Diane M. Perry**
Street Address (P.O. Box Number is Not Acceptable)
2455 East Sunrise Blvd.
Suite 905
City **FT. Lauderdale,** FL **33304**

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 **Diane M. Perry** **Jan. 16, 2003**
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTV
MUSO, EUGENE A
700 SOLAR ISLE DRIVE
FT LAUDERDALE FL 33301

TITLE
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **EUGENE A. MUSSO** **1/15/03** **954-494-0774**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR25234 (10/02)