

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **440643**

1. Entity Name

CLASSIC REAL ESTATE, INC.

FILED
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90089 042 ***150.00

Principal Place of Business

1770 SANS SOUCI BLVD
NORTH MIAMI FL 33181
US

Mailing Address

1770 SANS SOUCI BLVD
SUITE 106
NORTH MIAMI FL 33181
US

2. Principal Place of Business

1770 SANS SOUCI BLVD,
Suite, Apt. #, etc.

3. Mailing Address

1770 SANS SOUCI BLVD,
Suite, Apt. #, etc.

City & State

NORTH MIAMI, FLA

City & State

NORTH MIAMI, FLA

Zip

33181

Country

DADE

Zip

33181

Country

DADE

4. FEI Number

59-1501005

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DWAKE, RALPH
19355 TURNBERRY WAY
APT. 12G
AVENTURA FL 33180

7. Name and Address of New Registered Agent

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:

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, 2002 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 **PD** ☐ Delete
NAME **DWAKE, RALPH**
STREET ADDRESS **19355 TURNBERRY WAY- APT 12G**
CITY-ST-ZIP **AVENTURA FL 33180**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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

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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: **Ralph DWAKE**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DWAKE **1-6-02**
Date

Daytime Phone # **305-895-5300**

CR2E034 (9/01)