

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90148 048 ***150.00

DOCUMENT # P96000032885

1. Entity Name
CLASSIC PROPERTIES (U.S.A.), INC.

Principal Place of Business Mailing Address
SHAPO, FREEDMAN & BLOOM PA **LOEB, BLOCK & PARTNERS LLP**
200 S BISCAYNE, STE 4750 **505 PARK AVE. 9TH FLOOR**
MIAMI FL 33131 **NEW YORK NY 10022-1106**
US **US**

040000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
LEONARD BLOOM PA
 Suite, Apt. #, etc.
201 S. Biscayne Blvd Ste. 3000

City & State City & State
Miami, Florida

4. FEI Number Applied For
13-3883736 Not Applicable

Zip Country Zip Country
33131 **U.S.A.**

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

6. Name and Address of Current Registered Agent
S FLORIDA RESIDENT AGENTS INC
200 S BISCAYNE BLVD
STE 4750
MIAMI FL 33131

7. Name and Address of New Registered Agent
 Name: **B&C CORPORATE SERVICES, INC.**
 Street Address: **201 S. BISCAYNE BLVD STE. 3000**
 City: **MIAMI** State: **FL** Zip Code: **33131**

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]* Date: **04/26/00**
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.

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	DVP <input checked="" type="checkbox"/> Delete
NAME	UHRLE, MATHILDA
STREET ADDRESS	THE TROPIC ISLE BLDG
CITY-ST-ZIP	BRITISH VI
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SUSAN V. DEMERS
STREET ADDRESS	THE TROPIC ISLE BUILDING, WICKHAMS CAY
CITY-ST-ZIP	ROAD TOWN, TORTOLA B.V.I
TITLE	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MYRTHLYN PENN
STREET ADDRESS	THE TROPIC ISLE BLDG. WICKHAMS CAY
CITY-ST-ZIP	ROAD TOWN, TORTOLA, BVI
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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]* Date: **4/26/00** Daytime Phone #: **212-755-5510**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)