

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **K52608**

1. Entity Name

THE CLASSICAL RECORD SHOP, INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90100 020 ***150.00

Principal Place of Business 215 ROYAL POINCIANA WAY PALM BEACH FL 33480	Mailing Address 215 ROYAL POINCIANA WAY PALM BEACH FL 33480-4039
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0090430	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

COHEN, CANDICE
330 COCONUT ROW #2C
PALM BEACH FL 33480

7. Name and Address of New Registered Agent

Name **CANDICE COHEN**
 Street Address (P.O. Box Number is Not Acceptable) **434 CHILEAN**
 City **PALM BEACH** FL Zip Code **33480**

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 *Candice Cohen* (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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE PD	<input type="checkbox"/> Delete
NAME COHEN, CANDICE	
STREET ADDRESS 434 CHILEAN	
CITY-ST-ZIP PALM BEACH FL	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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: *Candice Cohen* **04/18/00 (561) 659-6700**

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

CR2E034 (9/99)