

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 710738**

1. Entity Name

SOUTHERN CLASSIC CONDOMINIUM, INC.**FILED**
Apr 13, 2001 8:00 am
Secretary of State

04-13-2001 90075 013 *****61.25

0038679

Principal Place of Business

**1140 71 STREET
MIAMI BCH. FL 33141
US**

Mailing Address

**1140 71 STREET
#2
MIAMI BEACH FL 33141
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1717926

Applied For

Not Applicable

Zip

Country

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

**DE LA TORRE, PAUL
1140 71 STREET #2
MIAMI BEACH FL 33141**

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

**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PVD TIANICH, TOM 1140 71 ST #4 MB FL 33141	<input type="checkbox"/>		
TCD DE LA TORRE, PAUL 1140 71 STREET #2 MIAMI BCH. FL 33141	<input type="checkbox"/>		
SVD GOLDBERG, PHIL 2433 NW 118TH TER POMPANO BEACH FL 33065	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		

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 617, 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:

SIGNATURE REQUIRED TOM TIANICH

Date

Daytime Phone #

CR2E037 (10/00)