

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000000672

1. Entity Name

CLASSIQUE REALTY, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR -6 PM 6:15

Principal Place of Business

104 WINDSOR POINT DRIVE
PALM BEACH GARDENS FL 33418

Mailing Address

104 WINDSOR POINT DRIVE
PALM BEACH GARDENS FL 33477-1400



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

125 ST. EDWARDS PLACE

3. Mailing Address

125 ST. EDWARDS PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PALEMBORO FLA

City & State

PALEMBORO FLA

4. FEI Number

65-0818655

Applied For

Not Applicable

33418

Country
USA

33418

Country
USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MATHISON, STEPHEN S ESQ.
5606 PGA BLVD., SUITE 211
PALM BEACH GARDENS FL 33418

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. Capital Contributions
as Shown on record.

\$9,400.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # P98000022534
NAME THE ECLECTICAL REALTY GROUP - FLORIDA, INC
STREET ADDRESS 104 WINDSOR POINT DRIVE
CITY - ST - ZIP PALM BEACH GARDENS FL 33418

DOCUMENT #
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CITY - ST - ZIP

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CITY - ST - ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS
CITY - ST - ZIP
900003179169--3
-03/22/00--01010--026
****154.55 ****154.55

STREET ADDRESS
CITY - ST - ZIP

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STREET ADDRESS
CITY - ST - ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

3-1-2000

CR05003 (9/00)