

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G10567

1. Entity Name

CLASSIC DOME CEILING, INC.

P

FILED

Sep 12, 2000 8:00 am  
Secretary of State

09-12-2000 90150 043 \*\*\*150.00

Principal Place of Business  
3993 CYPRESS REACH COURT  
APT. 201  
POMPANO BEACH FL 33069

Mailing Address  
3993 CYPRESS REACH COURT  
APT. 201  
POMPANO BEACH FL 33069

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2230611

Applied For

Not Applicable

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

MARC LABOSSIERE, P.A.  
1222 NE 4TH AVE  
FT LAUDERDALE FL 33304

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE S  
NAME PEPIN, CLAUDE  
STREET ADDRESS 3993 CYPRESS REACH CT.  
CITY-ST-ZIP POMPANO BEACH FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE P  
NAME PEPIN, RITA  
STREET ADDRESS 3993 CYPRESS REACH CT.  
CITY-ST-ZIP POMPANO BEACH FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE V  
NAME PEPIN, DENIS  
STREET ADDRESS 3993 CYPRESS REACH CT.  
CITY-ST-ZIP POMPANO BEACH FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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:

*Claude Pepin* REHAUDE PEPIN  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/2/00

954-584-6700

Date

Daytime Phone #

CR2F034 (5/00)

attachment  
G-10567

90077058

Sept 2-00 - Pompano FL.

To whom it may concern.

I did not received the first  
annual report in January or February.

I am sorry for the inconvenients

Thanks for your cooperation

59-2230611

Claude Repin  
Sec.  
Clarice Home Ceiling, Inc