

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000002860

1. Entity Name
FIRST CLASS BEARS, LLC

Principal Place of Business
130 EAST MCNAB ROAD
POMPANO BEACH FL 33060

Mailing Address
130 EAST MCNAB ROAD
POMPANO BEACH FL 33060-9240

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL 10 AM 9:25



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0876369

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CASOLA, ROBERT
130 EAST MCNAB ROAD
POMPANO BEACH FL 33060

Name
Kenneth H. Robertson
Street Address (P.O. Box Number is Not Acceptable)
130 East McNab Road

City Pompano Beach FL Zip Code 33060

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 Kenneth H. Robertson 7/5/00

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR ☒ Delete
NAME R.K. COLLECTIBLES, INC.
STREET ADDRESS 130 EAST MCNAB ROAD
CITY-ST-ZIP POMPANO BEACH FL 33060

TITLE ☐ Change ☐ Addition
NAME 200003327232-7
STREET ADDRESS -07/19/00--01018--021
CITY-ST-ZIP *****50.00 *****50.00

TITLE MGR ☒ Delete
NAME CASOLA, ROBERT
STREET ADDRESS 130 EAST MCNAB ROAD
CITY-ST-ZIP POMPANO BEACH FL 33060

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

TITLE MGR ☐ Delete
NAME BERGER, KATE
STREET ADDRESS 130 EAST MCNAB ROAD
CITY-ST-ZIP POMPANO BEACH FL 33060

TITLE Mgr ☒ Change ☐ Addition
NAME Asbury, Kate
STREET ADDRESS 130 East McNab Road
CITY-ST-ZIP Pompano Beach, FL 33060

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Kate Asbury

7/5/00

Date

954 943 4455

Daytime Phone #

CR2E083 (9/99)