

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 109650

1. Entity Name

First Class Club, INC.

(5)



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUN 30 AM 11:13

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1257 NW 31st Ave

Suite, Apt. #, etc.

Shopping Center

City & State

Fort Lauderdale FL

Zip

33311

Country

Broward

3. Mailing Address

1248 NW 18th Ct.

Suite, Apt. #, etc.

Home

City & State

Fort Lauderdale 33311

Zip

33311

Country

Broward

DO NOT WRITE IN THIS SPACE

4. FEI Number

592562705

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Albert H. May Jr.

Street Address (P.O. Box Number is Not Acceptable)

609 SW 1st St.

City

Dania Beach

FL

Zip Code

33004

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Albert H. May Jr.

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

(NOTE: Registered Agent signature required when reinstating)

6/25/05

DATE

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PD 1248 NW 18th Court
Fort Lauderdale FL 33311
McSwain Hardy

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

S/D 609 SW 1st St. Dania, FL 33004
Irene Albert

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TD 1248 NW 18th Court
Fort Lauderdale FL 33311
Hardy Wilma

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

McSwain Hardy

6/17/05 (954) 524-2637
CP240-0369

CR2E037B (12/02)