

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 13, 2001 8:00 am**  
**Secretary of State**

08-13-2001 90065 006 \*\*\*\*\*61.25

**DOCUMENT # N35165**

1. Entity Name

**CLASSIC V-DUBS AND FRIENDS INC.**

Principal Place of Business

Mailing Address

P.O. BOX 26113  
 TAMARAC FL 33320-6113

3725 SO OCEAN DR #604  
 HOLLYWOOD FL 33019

2. Principal Place of Business

**3725 S. OCEAN DR. #604**

3. Mailing Address

**Same**

Suite, Apt. #, etc.

**604**

Suite, Apt. #, etc.

**Same**

City & State

**Hollywood, FL**

City & State

**FL**

Zip

**33019**

Country

**United States**

Zip

**Same**

Country

**Same**

6. Name and Address of Current Registered Agent

**THURN, JOHN**  
**1321 SW 114 WAY**  
**FORT LAUDERDALE FL 33325**

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

*John Thurn*

**John Thurn**

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**  
**After September 12, 2001, min. will be \$236.25**

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

TITLE	DT	<input type="checkbox"/> Delete
NAME	PACE, JOHN	
STREET ADDRESS	7921 NW 53 CT.	
CITY-ST-ZIP	LAUDERHILL FL	
TITLE	DVC	<input type="checkbox"/> Delete
NAME	HANDLER, NORMAN	
STREET ADDRESS	9704 NW 28TH COURT	
CITY-ST-ZIP	CORALS SPRINGS	
TITLE	D	<input type="checkbox"/> Delete
NAME	FAUST, JAY	
STREET ADDRESS	11650 NW 37TH PLACE	
CITY-ST-ZIP	SUNRISE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 another like empowered.

SIGNATURE:

*John Thurn*  
**John Thurn**

Date

Daytime Phone #

**7/31/01**

CR2E037 (5/01)