

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 19, 2001 8:00 am**  
**Secretary of State**  
 02-19-2001 90069 007 \*\*\*158.75

**DOCUMENT # P00000054222**

1. Entity Name  
**CLASSIC-TAILORS LTD., INC.**

Principal Place of Business Mailing Address  
~~343 ALMERIA AVENUE~~ 19731 BOCA GREENS DRIVE  
~~CORAL GABLES FL 33134~~ BOCA RATON FL 33498

2. Principal Place of Business 3. Mailing Address  
**31136 SHORECREST DR.**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
**Suite 304**

City & State City & State  
**NOVI MICHIGAN**  
 Zip Country Zip Country  
**48377 OAKLAND**

4. FEI Number Applied For  
**65-1020080** Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

~~SPIEGEL & UTRERA, P.A.~~  
~~343 ALMERIA AVENUE~~  
~~CORAL GABLES FL 33134~~

7. Name and Address of New Registered Agent

Name **William LAMONICA**  
 Street Address (P.O. Box Number is Not Acceptable)  
**19731 BOCA GREENS DR.**  
 City **BOCA RATON** FL **33498**

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

(NOTE: Registered Agent signature required when reinstating)

DATE **1/15/01**

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 \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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

TITLE ~~PRESIDENT~~ ☒ Delete  
 NAME ~~LAMONICA WILLIAM~~  
 STREET ADDRESS ~~343 ALMERIA AVENUE~~  
 CITY-ST-ZIP ~~CORAL GABLES FL 33134~~

TITLE ~~PRESIDENT~~ ☒ Delete  
 NAME ~~WILLIAM LAMONICA~~  
 STREET ADDRESS ~~19731 BOCA GREENS DR.~~  
 CITY-ST-ZIP ~~BOCA RATON FL 33498~~

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☒ Change ☐ Addition  
 NAME **William LAMONICA**  
 STREET ADDRESS **19731 BOCA GREENS DR.**  
 CITY-ST-ZIP **BOCA RATON FL 33498**

TITLE ☐ Change ☐ Addition  
 NAME  
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 CITY-ST-ZIP

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: *William Lamonica*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **2/9/01**

Daytime Phone #

CR2E034 (10/00)