FILED
Jun 13, 2002 8:00 am
Secretary of State
05-15-2002 90072 019 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

35284

DOCUMENT # P00000058782

1. Entity Name

FLORIDA CLASSIC CAR CENTER, CORP

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
1584 CANARY ISLAND DRIVE	1584 CANARY ISLAND DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WESTON, FLORIDA	City & State: WESTON, FLORIDA
Zip: 33327 Country: USA	Zip: 33327 Country: USA

4. FEI Number: 65-1016753 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: KARAKACHIAN VACHE

Street Address (P.O. Box Number is Not Acceptable): 1584 CANARY ISLAND DRIVE

City: WESTON FL Zip Code: 33327

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: Vache 06/04/02
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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	PTD
NAME	KARAKACHIAN, VACHE
STREET ADDRESS	1584 CANARY ISLAND DRIVE
CITY-ST-ZIP	WESTON FL 33327
TITLE	S
NAME	RODRIGUEZ, MARIA EUGENIA
STREET ADDRESS	1584 CANARY ISLAND DRIVE
CITY-ST-ZIP	WESTON FL 33327
TITLE	
NAME	
STREET ADDRESS	
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CR2E034B (12/01)

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

SIGNATURE: Vache 04/26/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)