

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2002 8:00 am
Secretary of State

09-11-2002 90122 004 ***158.75

DOCUMENT # P00000086968

1. Entity Name
OLD VILLAGE CLASSICS, INC.

Principal Place of Business

**5313 COLLINS AVE #409
 MIAMI BEACH FL 33140**

Mailing Address

**5313 COLLINS AVE #409
 MIAMI BEACH FL 33140**

9/11/02



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**7590 N.W. 8th ST. #6
 Suite, Apt. #, etc.
 #6**

3. Mailing Address

**P.O. Box 143934
 Suite, Apt. #, etc.**

City & State

MIAMI FLA.

City & State

CORAL GABLES FLA.

Zip

33155

Country

U.S.A

Zip

33144

Country

U.S.A

4. FEI Number

65-1042431

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**AMADOR, ANDRIA M
 5313 COLLINS AVE #409
 MIAMI BEACH FL 33140**

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

SIGNATURE

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) ☐

**FILE NOW!!! FEE IS \$550.00
 After September 13, 2002 Fee will be \$750.00
 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 **PD** ☐ Delete
 NAME **AMADOR, ANDRIA M**
 STREET ADDRESS **5313 COLLINS AVE #409**
 CITY-ST-ZIP **MIAMI BEACH FL 33140**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/9/02 305-263-7205

CR2E034 (4/02)

Attachment
Dr. #000000086968

OLD VILLAGE CLASSICS, INC.

7593 N.W. 8TH STREET #6

MIAMI, FL 33155

PHONE: 305-263-7205

FAX: 305-263-7206

079547

September 9, 2002

Florida Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

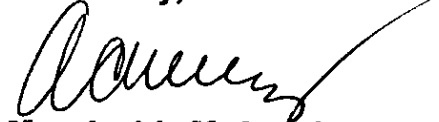
Per telephone conversation and instructions from your office, we will like to inform you in writing, that on April 25th, 2002, we mailed check no. 1034 for the sum of \$158.75 to file for the 2002 Corporate Report. As of today's date we have not received the new Certificate of Status. Also the bank has informed us that as of today's date check no. 1034 has not cleared our bank account.

At this time we are enclosing check no. 1085 and have prepared attached Form received in the mail indicating that above mentioned filling is still pending.

Should you require further information, please feel free to contact us at the following telephone: (305) 263-7205.

Your prompt attention to this matter is greatly appreciated.

Yours truly,



Mrs. Andria M. Amador