

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) 03

DOCUMENT # P00000086968

1. Entity Name

OLD VILLAGE CLASSICS, INC.



FILED

03 OCT -3 AM 11:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

7152 N.W. 51 ST

3. Mailing Address

P.O. Box 143934

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI FLA.

City & State

CORAL GABLES, FL.

4. FEI Number

65-1042431

Applied For

Not Applicable

Zip

Country

33166 USA

Zip

Country

33114 USA

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

JULIA HUMIZ

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

P.O. Box 143934

1264 MILAN AVE.

City

CORAL GABLES

FL

Zip Code

33134

**DO NOT WRITE IN THIS SPACE**

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]

JULIA HUMIZ

09/26/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME AMADOR ANDRIA M.  
STREET ADDRESS 5313 COLLINS AVE. #409  
CITY-ST-ZIP MIAMI BEACH, FL 33140

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature] ANDRIA M. AMADOR

09/26/03

Date

305-263-7205

Daytime Phone #

21 10/3



**Old Village Classics, Inc. (305) 263-7205 FAX: (305) 263-7206**  
**P. O. BOX 143934 - Coral Gables, FL. 33114**  
**E-MAIL: OLDVILLACLASSICS@AOL.COM**

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**September 26<sup>TH</sup>, 2003**

**DIVISION OF CORPORATION  
TALLAHASSE, FL.**

**TO WHOM IT MAY CONCERN:**

**REGARDING E-MAIL INFORMATION AND FOLLOWING YOUR  
INSTRUCTIONS, ENCLOSED YOU WILL FIND A DUPLICATE  
COMPLETED FORM, TAKING PLACE OF THE ORIGINAL FORM MAILED  
TO YOUR OFFICES AT THE END OF APRIL.**

**I AM ENCLOSING A NEW CHECK IN THE SUM OF \$158.75 REPLACING  
CHECK NO. 1207 FOR THE SAME AMOUNT THAT NEVER CLEARED OUR  
BANK ACCOUNT.**

**SHOULD YOU HAVE ANY QUESTIONS OR COMMENTS, PLEASE DO NOT  
HESITATE TO CONTACT US DURING WORKING HOURS AT:**

**(305) 263/7205**

**THANK YOU FOR YOUR PROMPT ATTENTION TO THIS MATTER.**

**SINCERELY,**



**MRS. JULIA MUNIZ**