

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 02, 2003 8:00 am
Secretary of State

09-02-2003 90191 021 ***150.00

DOCUMENT # **102 0000 32 397**

1. Entity Name

CLASS 770 PLUS INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6601 LYONS RD.

Suite, Apt. #, etc.

SUITE H-5

3. Mailing Address

6601 LYONS RD.

Suite, Apt. #, etc.

SUITE H-5

DO NOT WRITE IN THIS SPACE

City & State

COCONUT CREEK, FL.

City & State

COCONUT CREEK, FL.

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

Zip

33073

Country

U.S.A.

Zip

33073

Country

U.S.A.

5. Certificate of Status Desired

\$8.75 Additional Fee Required*

7. Name and Address of Current Registered Agent

Name

BEN GAL

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

6601 LYONS RD., H-5

City

COCONUT CREEK

FL

Zip Code

33073

**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.

SIGNATURE

[Signature]

(NOTE: Registered Agent signature required when resigning)

DATE

8/27/03

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

NAME

STREET ADDRESS

CITY - ST - ZIP

AS
BEN GAL
6601 LYONS RD. H-5
COCONUT CREEK, FL. 33073

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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NAME

STREET ADDRESS

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/27/03

Daytime Phone #

(954) 596-1717

CR2E034B (12/01)



Attachment #
HOFFMAN, LEVY, BENGIO & COHEN, PL
Certified Public Accountants and Consultants
2525 N. STATE ROAD 7 • SUITE 115
HOLLYWOOD, FL 33021
TEL: (954) 966-1141 • FAX: (954) 966-2474

86142928
PO2000032397

August 18, 2003

~~Department of state~~
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: CLASS 770 PLUS INC. - Corporation renewal

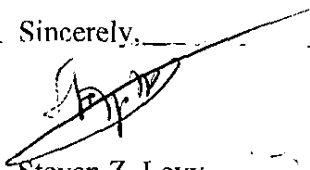
Dear Sir or Madam:

I ask that the penalty for the failure to file an annual report be waived. The taxpayer never received the first notice renewal form due a change of address. The penalty will create a hardship for the business and I ask that you please waive it.

Enclosed is my renewal form with my fee of \$150.00 for the years 2003.

Thank you very much for your help and understanding.

Sincerely,


Steven Z. Levy