

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91536 002 ***150.00

DOCUMENT # P94000008929

1. Entity Name
CLASSIC IMPORTS, INC.

Principal Place of Business
7066 NW 50TH STREET, SUITE 200
MIAMI FL 33166
US

Mailing Address
7066 NW 50TH STREET, SUITE 200
MIAMI FL 33166
US



2. Principal Place of Business
3130 W 84th Street
 Suite, Apt. #, etc.
Bay # 6

3. Mailing Address
3130 W 84th Street
 Suite, Apt. #, etc.
Bay # 6

City & State
Hialeah FL
 Zip
33018
 Country
US

City & State
Hialeah FL
 Zip
33018
 Country
US

4. FEI Number
65-0463561

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SASSON, SAUL
7066 NW 50TH ST.
SUITE 200
MIAMI FL 33166

7. Name and Address of New Registered Agent

Name
SASSON SAUL
 Street Address (P.O. Box Number is Not Acceptable)
3130 W 84th Street
Bay # 6
 City
Hialeah FL Zip Code
33018

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]* **President** **9/19/02**
 (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Ineligible Tax filing requirement and elects to do so ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	D SASSON, SAUL 7066 NW 50TH ST. MIAMI FL 33166	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SASSON SAUL 3130 W 84th Street Bay #6 Hialeah FL 33018	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/02
 Date

305 819 7020
 Daytime Phone #

CR2E034 (9/01)