## FOR PROFIT CORPORATION **UNIFORM BUSÍNESS REPORT (UBR)**

## **DOCUMENT #**

P94000024922

1. Entity Name

Classic Heaven, Inc.

## **FILED** Mar 19, 2002 8:00 am Secretary of State 03-19-2002 90017 049 \*\*\*150.00

DO NOT WRITE IN THIS SPACE				425608		
2. Principal Place of Business  11 A. Max Brewer Pkwy Suite, Apt. #, etc. Suite B	3. Mailing Address P O Box 2688 Suite, Apt. #. etc.			DO NOT WRITE IN THIS SPACE		
City & State  Titusville FL Titusvi Zip Country Zip		<b>FL</b> Country		59 – 3232592 Not Applicable  Cartificate of Status Desired   \$8.75 Additional		
32796 USA 32781 USA Fee Required  7. Name and Address of Current Registered Agent  Name  Roman Inochovsky						
IN THIS SPACE		Street Address (P.O. Box Number is Not Acceptable)  11 A. Max Brewer Pkwy,  Suite B				
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE						
Tay filing requirement and elects to do so.  After May 1,		1 Fee is \$150.00 Fee is \$550.00 BR is \$61.25 to Department of	10. Elect	tion Campaign Financing t Fund Contribution.	\$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS						
NAME STREET ADDRESS CITY-SI-ZIP  Titusville, FL	Pkwy,STE B	NAME STREET ADDRESS CITY-ST-ZIP				
NAME STREET ADDRESS CITY ST. ZID  11 A. Max Brewen	in Pkwy. STE B	TITLE NAME STREET ADDRESS CITY-ST-ZIP	,		4.	
Titusville, FL  NAME STREETAÖDRESS CHY-SI-ZIP  Titusville, FL  Titusville, FL  Titusville, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC	NOT WRIT	ΓE	
NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAMÉ STREET ADDRESS CITY-ST-ZIP	IN THIS SPACE			
TITLE  NAME  STREET ADDRESS  CITY- ST- ZIP		NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE: NAME STREET ADDRESS CITY-ST-ZIP			e de la companya de l	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Fiorida 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.

Roman Inochovsky 3-5-02

March 5, 2002

**Division of Corporations** P O Box 6327 Tallahassee, FL 32314

RE: 2002 UBR

Dear Sir-

I did not receive a pre-printed UBR form in the mail so I printed one from the internet. Hope it is complete.

I can be reached at 321-383-2115 l should you need further information.

Thank you very much.

Sincerely,

Jin Ofini Porto Virginia Porter