

2001 UNIFORM BUSINESS REPORT (UBR)

09-12-2001 90007 017 ***150.00

FILE# P94000058075

SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 16 PM 3:17

DOCUMENT # P94000058075

1. Entity Name
CLASSICARS OF PALM BEACH, INC.

Principal Place of Business

1414 S. DIXIE HWY
LAKE WORTH FL 33480
US

Mailing Address

18560 OCEAN MIST DR.
BOCA RATON FL 33498
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0512862

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VERED, OFER
18560 OCEAN MIST DR.
BOCA RATON FL 33498

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.

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 12, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VERED, OFER 18560 OCEAN MIST DR BOCA RATON FL 33498	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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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 REQUIRED
VERED, OFER

9-6-2001

(561)540 8686

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)

CLASSICARS OF PALM BEACH INC.

1414 South Dixie Highway Lake Worth, FL 33460

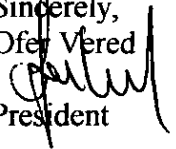
TEL:(561)540-8686 FAX:(561)540-8485

October 4th, 2001

TO : Florida Department of State – Division of corporations.
FROM : Ofer Vered, president – Classicars of Palm Beach inc.
RE : Annual report. (document # P94000058075).

Dear sirs,

Please be advised that this corporation never received the original notice for the 2001 uniform business report. The only document we received in 2001 was the late payment notice. Please review this case and try to cancel the \$400.00 penalty. Should you have further questions, please do not hesitate to call me.

Sincerely,
Ofer Vered

President