

2000 UNIFORM BUSINESS REPORT (UBR)

0140614

DOCUMENT # P94000059402

1. Entity Name

CLASSIC TITLE CORPORATION

FILED

00 JAN 10 AM 9:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
15350 NW 79TH CT 15350 NW 79TH CT
***** LAKES FL 33016 MIAMI LAKES FL 33016-5850

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 65-0537688 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

SALAZAR, GERMAN A., ESQ.
15350 NW 79TH CT
MIAMI LAKES FL 33016

7. Name and Address of New Registered Agent

Name DAVID BASSFORD
Street Address (P.O. Box Number is Not Acceptable)
15350 NW 79 CT
City miami Lakes FL Zip Code 33016

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]* DATE 1-7-00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$150.00
After MAY 1, 2000 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SALAZAR, GERMAN A.		NAME	David Bassford	
STREET ADDRESS	15350 NW 79TH CT		STREET ADDRESS	15350 NW 79 CT	
CITY-ST-ZIP	MIAMI LAKES FL 33016		CITY-ST-ZIP	miami Lakes, fl 33016	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BASSFORD, KATHY		NAME		
STREET ADDRESS	15350 NW 79TH CT		STREET ADDRESS		
CITY-ST-ZIP	MIAMI LAKES FL 33016		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANGLEY, AARNE		NAME		
STREET ADDRESS	15350 NW 79TH CT		STREET ADDRESS		
CITY-ST-ZIP	MIAMI LAKES FL 33016		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE 1-7-00 305-823-9292
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR David Bassford Daytime Phone #