

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2002 8:00 am
Secretary of State

04-08-2002 90232 018 ***150.00

0662185 AV

DOCUMENT # P95000014830

1. Entity Name
CLASSIC TRADING, INC.

Principal Place of Business

**7370 NW 36 ST
 STE 335-K
 MIAMI FL 33166
 US**

Mailing Address

**7370 NW 36 ST
 STE 335-K
 MIAMI FL 33166
 US**

80060733



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**4630 N. University Dr.
 Suite, Apt. #, etc.
 407**

3. Mailing Address

**4630 N University Dr.
 Suite, Apt. #, etc.
 407**

City & State

Coral Springs, FL

City & State

Coral Springs, FL

Zip

33067

Country

US

Zip

33067

Country

US

4. FEI Number

65-0558887

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**MARTINEZ, JORGE R
 7370 NW 36 ST
 STE 335-K
 MIAMI FL 33166**

7. Name and Address of New Registered Agent

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 \$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 **PD** ☐ Delete
 NAME **MARTINEZ, JORGE R**
 STREET ADDRESS **7370 NW 36 ST, STE 335-K**
 CITY-ST-ZIP **CORAL SPRINGS FL 33166**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
 NAME **~~Martinez, Jorge R~~ New Address**
 STREET ADDRESS **4630 N. University Drive, Suite 407**
 CITY-ST-ZIP **Coral Springs, FL 33067**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-29-02

Date

954-729-6898

Daytime Phone #

CR2E034 (9/01)