

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000027267

1. Entity Name

UPSCALE WHOLESale, INC.

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90093 040 ***150.00

Principal Place of Business

Mailing Address

1678 NE 205 TERRACE
MIAMI FL 33179
US

3690 NE 195 LN
SUITE 1000
AVENTURA FL 33180-2572
US

2. Principal Place of Business

3. Mailing Address

1678 NE 205 Terrace

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Miami FL

4. FEI Number

65-0577460

Applied For

Not Applicable

Zip

Country

Zip

Country

33179

USA

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

KANTOR, CHARLES ESQ
3690 N.W. 195 LANE
AVENTURA FL 33180

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, 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 D ☐ Delete
NAME KANTOR, LONNIE
STREET ADDRESS 1678 NE 205 TERR
CITY-ST-ZIP MIAMI FL 33179

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME KANTOR, BRIAN
STREET ADDRESS 1678 NE 205TH TERR
CITY-ST-ZIP MIAMI FL 33179

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME KANTOR, CHARLES
STREET ADDRESS 1678 NE 205 TERR
CITY-ST-ZIP MIAMI FL 33179

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
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

Charles Kantor

Date

1/5/2000 (305) 999-9008

Daytime Phone #