

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 13, 2001 08:00 AM**
Secretary of State**DOCUMENT # P95000027267**1. Entity Name
UPSCALE WHOLESALE, INC.

Principal Place of Business

1678 NE 205 TERRACE

MIAMI
33179

FL

US

Mailing Address

1678 NE 205 TERRACE

MIAMI
33179

US

FL

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

65-0577460

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

KANTOR CHARLES ESQ
3690 N.W. 195 LANEAVENTURA FL
33180

7. Name and Address of New Registered Agent

Name

KANTOR CHARLES ESQ

Street Address (P.O. Box Number is Not Acceptable)
1678 NE 205 TERRACECity
MIAMI

FL

Zip Code
33179

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 _____ **04/13/2001**

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete
NAME	KANTOR CHARLES	
STREET ADDRESS	1678 NE 205 TERR	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE	D	<input type="checkbox"/> Delete
NAME	KANTOR BRIAN	
STREET ADDRESS	1678 NE 205TH TERR	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE	D	<input type="checkbox"/> Delete
NAME	KANTOR LONNIE	
STREET ADDRESS	1678 NE 205 TERR	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KANTOR GREGORY S	
STREET ADDRESS	1678 NE 205 TERRACE	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KANTOR CHARLES	
STREET ADDRESS	1678 NE 205 TERR	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE	DSVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KANTOR BRIAN E	
STREET ADDRESS	1678 NE 205TH TERR	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KANTOR LONNIE B	
STREET ADDRESS	1678 NE 205 TERR	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: LONNIE B KANTOR

DP

04/13/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)