

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000044188

1. Entity Name

CLASS II, INC.

Principal Place of Business

1022 E. 27TH ST.
HIALEAH FL 33013

Mailing Address

1022 E. 27TH ST.
HIALEAH FL 33013

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

MANZER, MASOOD
1022 E. 27TH ST.
HIALEAH FL 33013

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, 2001 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 P
NAME MANZER, MASOOD
STREET ADDRESS 10233 SW 12 ST.
CITY-ST-ZIP PEMBROKE PINES FL 33025 ☐ Delete

TITLE T
NAME AKBAR, JUNAID
STREET ADDRESS 1341 SW 104 AVE.
CITY-ST-ZIP PEMBROKE PINES FL 33025 ☐ Delete

TITLE D
NAME JUNAID, FOUZIA
STREET ADDRESS 1341 SW 104 AVE.
CITY-ST-ZIP PEMBROKE PINES FL 33025 ☐ Delete

TITLE D
NAME MAHMOOD, KHALID
STREET ADDRESS 9360 FOUNTAIBLEAU BLVD., #504
CITY-ST-ZIP MIAMI FL 33172 ☐ Delete

TITLE D
NAME KHALID, RUKHSANA
STREET ADDRESS 9360 FOUNTAIBLEAU BLVD., #504
CITY-ST-ZIP MIAMI FL 33172 ☐ Delete

TITLE D
NAME SADDIQUI, JAVED
STREET ADDRESS 1302 NW 195TH AVE.
CITY-ST-ZIP PEMBROKE PINES FL 33029 ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90187 009 ***150.00

00035592



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0589148

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

CR2E034 (10/00)

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