

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000032885

1. Entity Name
CLASSIC PROPERTIES (U.S.A.), INC.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90148 048 ***150.00

Principal Place of Business Mailing Address
SHAPO, FREEDMAN & BLOOM PA
200 S BISCAYNE, STE 4750
MIAMI FL 33131
US

LOEB, BLOCK & PARTNERS LLP
505 PARK AVE. 9TH FLOOR
NEW YORK NY 10022-1106
US

040000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
LEONARD BLOOM PA
Suite, Apt. #, etc.
201 S. Biscayne Blvd Ste 3000

3. Mailing Address
Suite, Apt. #, etc.
City & State
Miami, Florida

City & State
Miami, Florida

4. FEI Number **13-3883736**
Applied For
Not Applicable

Zip **33131** Country **U.S.A.**

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

6. Name and Address of Current Registered Agent
S FLORIDA RESIDENT AGENTS INC
200 S BISCAYNE BLVD
STE 4750
MIAMI FL 33131

7. Name and Address of New Registered Agent
Name **B&C CORPORATE SERVICES, INC.**
Street Address **201 S. BISCAYNE BLVD STE. 3000**
City **MIAMI** **FL** Zip Code **33131**

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]* **04/26/2000**
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

| | |
|----------------|---|
| TITLE | DVP <input checked="" type="checkbox"/> Delete |
| NAME | UHRLE, MATHILDA |
| STREET ADDRESS | THE TROPIC ISLE BLDG |
| CITY-ST-ZIP | BRITISH VI |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| 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 | DP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | SUSAN V. DEMERS |
| STREET ADDRESS | THE TROPIC ISLE BUILDING, WICKHAMS CAY |
| CITY-ST-ZIP | ROAD TOWN, TORTOLA B.V.I |
| TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | AS |
| STREET ADDRESS | MYRTHLYN PENN |
| CITY-ST-ZIP | THE TROPIC ISLE BLDG. WICKHAMS CAY |
| | ROAD TOWN, TORTOLA, BVI |
| 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 | |
| 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: *[Signature]* **Myrthlyn Penn** **4/26/00 212-755-5510**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)