

2001 UNIFORM BUSINESS REPORT (UBR)DOCUMENT # **P96000036273**

1. Entity Name

CLASS HOLDING CORPORATION**FILED**
Mar 29, 2001 8:00 am
Secretary of State

03-29-2001 90016 040 ***158.75

Principal Place of Business

Mailing Address

C0038510

2. Principal Place of Business

3. Mailing Address

2725 SALZEDO ST. **2725 SALZEDO ST.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

CORAL GABLES-FL **CORAL GABLES-FLORIDA**

4. FEL Number

Applied For

Not Applicable

65-0661871

Zip

Country

Zip

Country

33134 **USA** **33134** **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

Name

Street Address (P.O. Box Number is Not Acceptable)

2725 SALZEDO STREET

City

CORAL GABLES

FL

Zip Code

33134

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

NORBERTO ROMAN - President**3-22-01**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PRESIDENT & TREASURER	NORBERTO ROMAN	2725 SALZEDO STREET	CORAL GABLES-FL-33134	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VICE PRESIDENT & SECRETARY	JORGE E. STEIN	2725 SALZEDO STREET	CORAL GABLES-FL-33134	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

NORBERTO ROMAN**3/22/2001**

Date

305 4615551

Daytime Phone #

CR2E034 (11/00)