

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000014389

1. Entity Name

CLASSICSOURCE, INC.

FILED

Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90075 021 ***150.00

Principal Place of Business

9930 COLLINS AVENUE
APT. 8
BAL HARBOUR FL 33154

Mailing Address

9930 COLLINS AVENUE
APT. 8
BAL HARBOUR FL 33154-1804

2. Principal Place of Business

06 MITCHELL A. YELEN

Suite, Apt. #, etc.

3225 AVIATION AVE #500

City & State

MIAMI, FLORIDA

Zip

33133

Country

USA

3. Mailing Address

06 MITCHELL A YELEN

Suite, Apt. #, etc.

3225 AVIATION AVE #500

City & State

MIAMI, FLORIDA

Zip

33133

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0921948

Applied For

Not Applicable

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

YELEN, MITCHELL A
3225 AVIATION AVENUE
SUITE 500
MIAMI FL 33133-3

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

TITLE ☐ Delete
NAME D
STREET ADDRESS SIEGEL, LINDA
CITY-ST-ZIP 9930 COLLINS AVENUE #8
BAL HARBOUR FL 33154

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
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CITY-ST-ZIP

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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:

Linda Siegel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)