

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000022395

Entity Name
CLASSICALLY UNIQUE, INC.

FILED
May 18, 2000 8:00 am
Secretary of State
05-18-2000 90363 006 ***150.00

Principal Place of Business
POINCIANA ISLAND DR
MIAMI BEACH FL 33160

Mailing Address
409 POINCIANA ISLAND DR
N MIAMI BEACH FL 33160-4531

B0095533

Principal Place of Business
Suite, Apt. #, etc.
201-203 NW 4th Ave
City & State
HALLANDALE, FL
Zip
33009

3. Mailing Address
Suite, Apt. #, etc.
201-203 NW 4th Ave
City & State
HALLANDALE, FL
Zip
33009



DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0825168

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
RIOS, LEOPOLDO J
1800 W 49 ST
STE 215
HIALEAH FL 33012

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 *Boris Dorofeev* / Boris Dorofeev / president 04-28-00
Signature of officer or director (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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DOROFEEV, BORIS		NAME		
STREET ADDRESS	409 POINCIANA ISLAND DR		STREET ADDRESS		
CITY - ST - ZIP	N MIAMI BEACH FL 33160		CITY - ST - ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PROSVETOVA, ALLA		NAME		
STREET ADDRESS	409 POINCIANA ISLAND DR		STREET ADDRESS		
CITY - ST - ZIP	N MIAMI BEACH FL 33160		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MIRONENKO, PAVEL		NAME		
STREET ADDRESS	7 ACADEMICA BOCHVARA, BLDG 2, #176		STREET ADDRESS		
CITY - ST - ZIP	MOSCOW, 123182, RUSSIA		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DOUDABERDIEV, BOURKHAN		NAME		
STREET ADDRESS	409 POINCIANA ISLAND DR		STREET ADDRESS		
CITY - ST - ZIP	N MIAMI BEACH FL 33160		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			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: *Boris Dorofeev* / Boris Dorofeev / president 04-28-00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)