

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # **P98000022395**
1. Entity Name **CLASSICALLY UNIQUE, Inc.**

FILED

02 SEP 16 AM 4:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
701-703 NW 4th Ave
Suite, Apt. #, etc.

3. Mailing Address
701-703 NW 4th Ave
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
HALLANDALE FL
Zip
33009

City & State
HALLANDALE FL
Zip
33009

4. F&I Number
65-0825168

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name **Rios Leonardo J**
Street Address (P.O. Box Number is Not Acceptable)
1000 West 49 Street
Suite 301
City **HALEAH FL** Zip Code **33012**

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$850.00
Amended UBR is \$81.25
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 NAME STREET ADDRESS CITY - ST - ZIP	RD DORATEEV Boris 409 POINCIANA ISLAND DR N. MIAMI BEACH FL 33160
TITLE NAME STREET ADDRESS CITY - ST - ZIP	RD PROSVETOV AUA 409 POINCIANA ISLAND DR N. MIAMI BEACH FL 33160
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MIRONENKO PAVEL 7 AKADEMICA BOCHVARA BLVD 2/11/76 MOSCOW, 123187, RUSSIA OC.
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KONDA SERDIEV, BOURKHAN 409 POINCIANA ISLAND DR N. MIAMI BEACH FL 33160
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	600007808606 -09/17/02--01070--006 ****900.00 ****150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TS

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 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 #

(305) 5589669

CR250348 (12/01)

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CLASSICALLY UNIQUE, INC.

September 12th, 2002

Florida Department of State
Division of Corporations
PO BOX 1500
Tallahassee FL 32302-1500

RE Classically Unique, Inc.
Doc. Number: P98000022395

Dear Sir/Madam:

This letter is written regarding a filing of the annual report for the above-mentioned corporation.

Regarding the 2002 Annual Report for this Corporation, we did receive the 2002 UBR for our corporation but we were in a foreign country by the due date for the filing. Please take this explanation as an apology in our part, and accept this UBR 2002 with the information you needed signed by the registered agent and kindly renew our Corporation. Again, we apologize for any inconvenience.

Very Truly Yours.

Classically Unique, Inc.


Boris Dorofeev
President-Director