

2001 UNIFORM BUSINESS REPC RT (UBR)

FILED
Jun 02, 2001 8:00 am
Secretary of State

04-26-2001 90126 027 ***150.00

DOCUMENT # P98000046316			
1. Entity Name U.K. CLASSIC, INC.			
Principal Place of Business 701-BRICKELL AVENUE #2000 MIAMI-FL-33131		Mailing Address 701-BRICKELL AVENUE #2000 MIAMI-FL-33131	
2. Principal Place of Business 80 SW 8th Street Suite, Apt. #, etc. 3100		3. Mailing Address 80 SW 8th Street Suite, Apt. #, etc. 3100	
City & State Miami FL		City & State Miami FL	
Zip 33130	Country USA	Zip 33130	Country USA
4. FEI Number 65-1106915		Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BEFELER, GEORGE 701-BRICKELL AVENUE SUITE 2000 MIAMI-FL-33131		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 80 SW 8th Street, #3100 City Miami FL Zip Code 33130	
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 <u>[Signature]</u> DATE 1/25/01 <small>Signature, typed or printed name of registered agent and file if applicable. (NO E: Registered Agent signature required when reinstating)</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> <small>(See criteria on back)</small>		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. <input type="checkbox"/>		\$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	D BOTERO, MARIA E 7819 N.W. 15 STREET MIAMI FL 33126 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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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: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR MARIA E BOTERO, DIRECTOR		04/01/2001 305 536 9856 Date Daytime Phone #	

CR2E034 (10/00)