

2001
2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000060174

1. Entity Name

CLASIKOM CORP

FILED
Aug 08, 2001 8:00 am
Secretary of State

07-25-2001 90014 014 ***150.00

Principal Place of Business

Mailing Address

6051 Palm Trade Landing
#304
Davie FL 33314

2. Principal Place of Business

3. Mailing Address

16300 NE 19 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

100

City & State

N. Miami Beach FL

Zip

Country

Zip

33162

Country

4. FEI Number

65-0848761

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

FERNANDO SILVA
16300 NE 19 AVE #100
N.M.B FL 33162

Name

FERNANDO SILVA

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

16300 NE 19 AVE #100

City

N. Miami Beach

FL

Zip Code

33162

8. The above named entity certifies this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

[Signature]

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent Signature required when re-instating)

7/16/01

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

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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
Butensky, Gustavo
168 SE 1st St #500
Miami FL 33131

☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
Butensky, Gustavo
6051 Palm Trade Landing #304
Davie FL 33314

☒ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:

Gustavo Butensky

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/16/01

DATE

Daytime Phone #

CR2034 (5/00)

Attachment
11055

August 1st, 2001

FLORIDA DEPARTMENT OF STATE
Division of Corporations
Annual Reports Filings
P. O. Box 1500
Tallahassee FL 32302-1500

Ref.: P98000060174

Dear Sir or Madam:

I would like to let you know that we HAVE NOT RECEIVE ANY FORM BY MAIL to renew the Corporation for year 2001. I made a copy from blank form to try to accomplish with the State Law, and you sent me back the payment because I have to pay a fine.

Take on count that it was not my fault if I did not receive the renewal by mail, only I am trying to comply with the Corporate Renewal for this year.

Please waive any fine. I am not willfully negligent.

Cordially,

Gustavo Butensky
GUSTAVO BUTENSKY
President