

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000088909

1. Entity Name

CLASSIC PARKING SYSTEMS CORPORATION

**FILED**  
**Apr 19, 2000 8:00 am**  
**Secretary of State**

04-19-2000 90077 010 \*\*\*150.00

00000000



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

P.O. BOX 63  
HALLANDALE FL 33008

P.O. BOX 63  
HALLANDALE FL 33008-0063

2. Principal Place of Business

3. Mailing Address

100 SW 11 ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HALLANDALE, FL

City & State

4. FEI Number

650971668 NOT APPLICABLE

☒ Applied For

☐ Not Applicable

Zip

33009

Country

USA

Zip

Country

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

GOROSABEL, JOSE G  
935 N.E. 199TH STREET  
UNIT 202  
NORTH MIAMI FL 33179

Name

GOROSABEL, JOSE G.

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

100 SW 11 ST.

City

HALLANDALE

FL

Zip Code

33009

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD	<input type="checkbox"/> Delete
NAME	GOROSABEL, JOSE G	
STREET ADDRESS	100 S.W. 11TH STREET	
CITY - ST - ZIP	HALLANDALE FL 33009	
TITLE	VPSD	<input checked="" type="checkbox"/> Delete
NAME	SANTOS, CATHERINE V	
STREET ADDRESS	935 N.E. 199TH STREET	
CITY - ST - ZIP	NORTH MIAMI FL 33179	
TITLE		<input type="checkbox"/> Delete
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CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY - ST - ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY - ST - ZIP	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

*JOSE G. GOROSABEL*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/00  
Date

(305) 345-7687  
Daytime Phone #

CR2E034 (9/99)