

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 18, 2002 8:00 am**  
**Secretary of State**

09-18-2002 90050 048 \*\*\*150.00

**DOCUMENT # P99000023422**

1. Entity Name  
**NEW CLASSICS INTERIORS, INC.**

Principal Place of Business

**363 ALBACORE PLACE  
 MELBOURNE BCH FL 32951**

Mailing Address

**363 ALBACORE PLACE  
 MELBOURNE BCH FL 32951**

2. Principal Place of Business

**140 FOURTEENTH AVENUE**

Suite, Apt. #, etc.

3. Mailing Address

**140 FOURTEENTH AVENUE**

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
**INDIALANTIC, FL**

Zip  
**32903**

Country  
**USA**

City & State  
**INDIALANTIC, FL**

Zip  
**32903**

Country  
**USA**

4. FEI Number **NOT APPLICABLE**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**RIVKIN, WENDY Z  
 340 MARLIN PLACE  
 MELBOURNE BCH FL 32951**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**140 FOURTEENTH AVENUE**  
 City **INDIALANTIC** FL Zip **32903**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>RIVKIN, WENDY Z</b>	
STREET ADDRESS	<b>363 ALBACORE PLACE</b>	
CITY-ST-ZIP	<b>MELBOURNE BCH FL 32951</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: **SIGNATURES RE LIMITED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **9/12/02** Daytime Phone # \_\_\_\_\_

CR2E034 (4/02)

FLORIDA DEPT OF STATE <sup>Attachment</sup>  
DIVISION OF CORPORATIONS 872602 SEPT 12, 2002  
UNIFORM BUSINESS REPORT FILINGS # P01000023422  
P.O. Box 1500  
TALLAHASSEE, FL 32302-1500

To Whom IT MAY CONCERN,  
THIS FORM WAS FIRST NOTICE RECEIVED.

PLEASE WAIVE LATE FEE.

THANK YOU FOR YOUR HELP.

SINCERELY,

Wendy Z Rivkin

Wendy Z Rivkin

NEW CLASSICS INTERIORS

140 FOURTEENTH AVENUE

INDIALANTIC, FL 32903