

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90069 046 ***150.00

DOCUMENT # P99000033963 ✓
1. Entity Name **CLASSIC Wholesale Inc**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **6550 International Dr**
Suite, Apt. #, etc. **Suite 102**

3. Mailing Address **6550 International Dr**
Suite, Apt. #, etc. **# 102**

DO NOT WRITE IN THIS SPACE

City & State **Orlando, FL**
Zip **32819**
Country **USA**

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Zip **32819**
Country **USA**

4. FFL Number **59-3565498**

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 **Joel Blake**
Street Address (P.O. Box Number is Not Acceptable) **601 Blue Lake Dr**
Longwood
City **FL** Zip Code **32779**

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 **Joel Blake**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-28-02

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 \$550.00

Amended UBR is \$61.25

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 **President**
NAME **Joel Blake**
STREET ADDRESS **601 Blue Lake Drive**
CITY-ST-ZIP **Longwood FL 32779**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **U.P.**
NAME **JAMAL HALET**
STREET ADDRESS **6550 International Dr # 102**
CITY-ST-ZIP **Orlando, FL 32819**

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IN THIS SPACE**

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: **Joel Blake**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-28-02 (407) 492-3612

CR2E034B (12/01)