

2000 UNIFORM BUSINESS REPORT (UBR)

4/2

DOCUMENT # P99000045479

1. Entity Name

CLASSIC COMPUTER PARTNERS, INC.

FILED
May 18, 2000 8:00 am
Secretary of State

04-24-2000 90164 018 ***150.00

Principal Place of Business

Mailing Address

2124 N. 14TH TERR.
HOLLYWOOD FL 33020

2124 N. 14TH TERR.
HOLLYWOOD FL 33020-2521

2. Principal Place of Business

1918 Harrison Street

3. Mailing Address

1918 Harrison Street

Suite, Apt. #, etc.

Suite 201

Suite, Apt. #, etc.

Suite 201

City & State

Hollywood FL

City & State

Hollywood FL

Zip

33020

Country

USA

Zip

33020

Country

USA

4. FEI Number

65-0920641

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RIEMAN, ALEXANDRA V
2856 E. OAKLAND PARK BLVD.
FT. LAUDERDALE FL 33306

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Elizabeth J. Smith, Vice President NA

1/31/00

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

TITLE	D	BARACEK, TOMAS P	<input type="checkbox"/> Delete
NAME		2124 N. 14TH TERR.	
STREET ADDRESS		HOLLYWOOD FL 33020	
CITY-ST-ZIP			
TITLE	D	PRY-SMITH, ELIZABETH J	<input type="checkbox"/> Delete
NAME		215 SE 1ST TERR.	
STREET ADDRESS		DANIA BCH. FL 33004	
CITY-ST-ZIP			
TITLE	D	BURNS-CHANG-ALLOY, MICHELLE E	<input type="checkbox"/> Delete
NAME		1810 SW 120TH TERR.	
STREET ADDRESS		MIRAMAR FL 33025	
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
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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:

Elizabeth J. Smith, V.P.

1/31/00

954-925-2555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E034 (9/99)