

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 12, 2001 8:00 am**  
**Secretary of State**

02-12-2001 90212 006 \*\*\*150.00

01003210

**DOCUMENT # P99000045479**

1. Entity Name

**CLASSIC COMPUTER PARTNERS, INC.**

Principal Place of Business

Mailing Address

2124 N. 14TH TERR.  
HOLLYWOOD FL 33020

2124 N. 14TH TERR.  
HOLLYWOOD FL 33020

2. Principal Place of Business

3. Mailing Address

499 E. Sheridan St.

499 E. Sheridan St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 305

Suite 305

City & State  
DANIA BEACH FLA.

City & State  
DANIA BEACH FLA.

Zip

Country

Zip

Country

33004

U.S.A.

33004

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

7. Name and Address of New Registered Agent

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

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

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, 2001 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 ☐ Delete  
NAME D  
STREET ADDRESS BARACEK, TOMAS P  
CITY-ST-ZIP 2124 N. 14TH TERR.  
HOLLYWOOD FL 33020

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME D  
STREET ADDRESS PRY-SMITH, ELIZABETH J  
CITY-ST-ZIP 215 SE 1ST TERR.  
DANIA BCH FL 33004

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Delete  
NAME D  
STREET ADDRESS BURNS-CHANG-ALLOY, MICHELLE E  
CITY-ST-ZIP 1810 SW 120TH TERR.  
MIRAMAR FL 33025

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TOMAS BARACEK

1-3-01

954-648-4781

Date

Daytime Phone #

CR2E034 (10/00)