

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 17, 2001 8:00 am**  
**Secretary of State**

01-17-2001 90069 017 \*\*\*150.00

0174370

DOCUMENT # **S60370**

1. Entity Name  
**CLASS TRANSPORTATION & TOURS, CORP.**

Principal Place of Business <b>7525 TREASURE DR. #30E MIAMI FL 33141 US</b> <i>3 E</i> <b>7525 E TREASURE DR 30E</b>	Mailing Address <b>7525 TREASURE DR. #30E MIAMI FL 33141 US</b> <i>3 E</i>
---	--

**A0005784**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>3 E</b>	3. Mailing Address <b>7525 E TREASURE DR.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <b>3 E</b>

City & State <b>MIAMI FLA 33141</b>	City & State <b>MIAMI FLA 33141</b>	4. FEI Number <b>65-0270338</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
Zip <b>33141</b>	Country <b>USA</b>	Zip <b>33141</b>	Country <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent <b>IGLESIAS, SONIA M. 7525 TREASURE DRIVE 30E MIAMI FL 33141</b> <i>3 E</i>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 \_\_\_\_\_ (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
---	---	--

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PST IGLESIAS, SONIA M. 7525 TREASURE DR #30E MIAMI FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D IGLESIAS, SONIA M. 7525 TREASURE DR #30E MIAMI FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Sonia Iglesias* **01-08-2001 (30E) 868 6716**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)