

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S86926

1. Entity Name

CLASSIC-ONE INC.

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90058 004 ***150.00

Principal Place of Business

2620 N.W. 39TH AVE.
MIAMI FL 33142-5635

Mailing Address

2620 N.W. 39TH AVE.
MIAMI FL 33142-5635

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0299702

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CABALLERO, ANGEL L
333 S. ROYAL, POINCIANA BLVD. #408
MIAMI SPRING FL 33166

Name

CABALLERO, ANGEL L.

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

333 S. Royal, Poinciana Blvd #307

City

Miami-Spring

FL

Zip Code

33166

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPST
CABALLERO, ANGEL L ☐ Delete
333 S. ROYAL, POINCIANA BLVD. #408
MIAMI SPRINGS FL 33166

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CABALLERO, ANGEL L. ☐ Change ☐ Addition
333 S. Royal, Poinciana Blvd #307
MIAMI-SPRING FL. 33166

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
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CITY-ST-ZIP
☐ Delete

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

Angel L. Caballero
President

1/19/2000 305-871-1769

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #