

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V58151

1. Entity Name

CLASSIC CLOTHIERS, INC.

Principal Place of Business

1105 GUAVA ISLE  
FT. LAUDERDALE FL 33315  
US

Mailing Address

1105 GUAVA ISLE  
FT. LAUDERDALE FL 33315-1349  
US

2. Principal Place of Business

1105 Guava Isle.  
Suite, Apt. #, etc.

3. Mailing Address

1105 Guava Isle  
Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

City & State

Ft. Lauderdale, FL

Zip

33315

Country

USA

Zip

33315

Country

USA

4. FEI Number

65-0358083

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

SIEGEL, FRED  
1105 GUAVA ISLE  
FT. LAUDERDALE FL 33315

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, 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          | P                 | <input type="checkbox"/> Delete            |
| NAME           | SIEGEL, FRED      |                                            |
| STREET ADDRESS | 1105 GUAVA ISLE   |                                            |
| CITY-ST-ZIP    | FT. LAUDERDALE FL |                                            |
| TITLE          | DST               | <input checked="" type="checkbox"/> Delete |
| NAME           | SIEGEL, RIVA      |                                            |
| STREET ADDRESS | 1105 GUAVA ISLE   |                                            |
| CITY-ST-ZIP    | FT. LAUDERDALE FL |                                            |
| 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    |                   |                                            |

|                |                                                                   |
|----------------|-------------------------------------------------------------------|
| 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 |
| 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 |
| 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

Date

Daytime Phone #

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90107 033 \*\*\*150.00

801718



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)