2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L40402

1. Entity Name

THE CLOSET DOCTOR OF SOUTH FLORIDA, INC.

Principal Place of Business	Mailing Address
2222 MEARS PKWY MARGATE FL 33063 US	2222 MEARS PKWY MARGATE FL 33063-3758 US

2. Principal Place of Business	**3.** Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	DO NOT WRITE IN THIS SPACE
City & State	City & State	**4.** FEI Number 65-0162327 / 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
COHEN, GLENDA 6529 WINDSOR DR. PARKLAND FL 33067 (address change)	Name Glenda Cohen Street Address (P.O. Box Number is Not Acceptable) 11066 NW 62 Court City PARKLAND FL Zip Code 33076

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 _Glenda Coh_   DATE 4/17/00

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)

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** NAME COHEN, GLENDA STREET ADDRESS 6529 WINDSOR DR. CITY-ST-ZIP PARKLAND FL		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Cohen, Glenda 11066 NW 62 Ct Parkland Fl 33076	☑ Change	☐ Addition
TITLE **V** NAME COHEN, WILLIAM STREET ADDRESS 6529 WINDSOR DR. CITY-ST-ZIP PARKLAND FL		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Cohen, William 11066 NW 62 Ct Parkland Fl 33076	☑ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition

CR2E034 (9/99)

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: _Glenda Cohen_   Date 4/17/00   Daytime Phone # (954) 970-6956

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR