

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2001 8:00 am**  
**Secretary of State**

04-10-2001 90054 039 \*\*\*150.00

**DOCUMENT # L40402**  
 1. Entity Name  
**THE CLOSET DOCTOR OF SOUTH FLORIDA, INC.**

Principal Place of Business: **2222 MEARS PKWY MARGATE FL 33063 US**  
 Mailing Address: **2222 MEARS PKWY MARGATE FL 33063 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **5100 NW 15 street Suite A**  
 3. Mailing Address: **5100 NW 15 street Suite A**

City & State: **MARGATE Florida**  
 City & State: **Margate Florida**  
 Zip: **33063** Country: **BROWARD**

4. FEI Number: **65-0162327**  
 Applied For:  Not Applicable  
 5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**COHEN, GLENDA**  
**11066 NW 62 CT**  
**POMPAÑO BEACH FL 33076**

7. Name and Address of New Registered Agent  
 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: \_\_\_\_\_ (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	
TITLE: <b>P</b>	<input type="checkbox"/> Delete
NAME: <b>COHEN, GLENDA</b>	
STREET ADDRESS: <b>11066 NW 62 CT</b>	
CITY-ST-ZIP: <b>PARKLAND FL 33076</b>	
TITLE: <b>V</b>	<input type="checkbox"/> Delete
NAME: <b>COHEN, WILLIAM</b>	
STREET ADDRESS: <b>11066 NW 62 CT</b>	
CITY-ST-ZIP: <b>PARKLAND FL 33076</b>	
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:	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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] **3/15/01** **954-970-6956**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)