

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90145 017 ***150.00

DOCUMENT # P99000046773

1. Entity Name
GLOBAL CLOSET, INC.

Principal Place of Business 1515 N.W. 167TH STREET SUITE 135 MIAMI FL 33169	Mailing Address 1515 N.W. 167TH STREET SUITE 135 MIAMI FL 33169-5132
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 8151 Peters Road Suite, Apt. #, etc. Suite 3300	3. Mailing Address 8151 Peters Road Suite, Apt. #, etc. Suite 3300
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City & State Plantation, FL	City & State Plantation, FL	4. FEI Number 65-0924204	Applied For <input type="checkbox"/> Not Applicable
Zip 33324	Country USA	Zip 33324	Country USA

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
LECUSAY, EVELYN
 1515 N.W. 167TH STREET
 SUITE 135
 MIAMI FL 33169

7. Name and Address of New Registered Agent
 Name **Evelyn Pla** (name change due to marriage)
 Street Address (P.O. Box Number is Not Acceptable)
8151 Peters Road
Suite 3300
 City **Plantation** **FL** Zip Code **33324**

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, 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete GORDON, MARK J 1515 N.W. 167TH STREET SUITE 135 MIAMI FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8151 PETERS ROAD Suite 3300 PLANTATION FL 33324
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"/> Change <input type="checkbox"/> Addition
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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: SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____

C.F. 014 (9/99)