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2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L57616

1. Entity Name

FLORIDA CLASSIC CLOSETS, INC.

FILED Jan 31, 2000 8:00 am Secretary of State

01-31-2000 90086 033 ***150 0

						01-31-2000 90086 0	133 ***150	.00	
Principal Plac	e of Business	Mailing Address -	*		_				
2208 S. W. 60TH. TERR 9531 SEAGRAPE DRIVE #204 MIRAMAR FL 33023 US		% MELVIN GITLIN 9531 SEAGRAPE DRIVE #204 FT LAUDERDALE FL 33324-5919			A TANGAN GAN GING PROGRAMA (A GORA)		17 0 01 0 1311		
2. Principal Place of Business		3. Mailing Address			-				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			7	DO NOT WRITE IN THIS SPACE			
City & State		City & State		4.	FEI Number 65-0178729	l I	Applied For		
Zip Country		Zip Country		ry	5.	5. Certificate of Status Desired See Required \$8.75 Additional Fee Required			ional
	6. Name and Address of Current I	Registered Agent			7. (Name and Address of New Regis	stered Agent		_
}				Name					
GITLIN, MELVIN 9531 SEAGRAPE DR.			,	Street Address (P.O. Box Number is Not Acceptable)					
#20									
FI.	LAUDERDALE FL 33324			City			FL Zip	p Code	
8. The above	named entity submits this statement for	the purpose of changing its	s`registere	d office or regis	stered ag	ent or both; in the State of Florida	· · ·		•
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable. (NOT	TE: Registered	Agent signature requ	uired when re	einstating)	DATE		
O This corns	oration is eligible to satisfy its Intangible	EII E NOW	III CCC I	IC #150.00					
	equirement and elects to do so.	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.0			0	 Election Campaign Financi Trust Fund Contribution. 	· —	\$5.00 Added to	May Be
(See criter	ia on back)	Make Check Paya				Prost Purio Contribution.	, لحا	Augeo R	o rees
11.	OFFICERS AND I		12.		AC	DOITIONS/CHANGES TO OFFICER	RS AND DIREC	STORS	N 11
TITLE	PD ASSING	☐ Delete	TITLE	l I			☐ CH	iange	Addition
NAME STREET ADDRESS	GITLIN, MELVIN 9531 SEAGRAPE DR #204		NAME	T ADDRESS					
CITY-ST-ZIP	FT LAUDERDALE FL			ST-ZIP					
THTLE	VD	☐ Delete	TITLE		-			аппе	Addition
NAME	GITLIN, MARC	DG/CIC	NAME	l I			<u>, , , , , , , , , , , , , , , , , , , </u>	iago	
STREET ADDRESS	12 RUPP AVE.		STREE	ET ADDRESS					
' CITY-ST-ZIP	MONTICELLO N.		CITY-	ST-ZIP					
TITLE	SD	☐ Delete	TITLE				☐ Ch	ange	Addition
NAME	ECKSTEIN, STEVE		NAME	1					
STREET ADDRESS CITY-ST-ZIP	9161 N.W. 13TH ST. - PLANTATION FL			ET ADDRESS ST-ZIP					
TITLE	- PLANTATION PL	□ Delete	TITLE		<u></u>		Ch	anne	 Addition
NAME		Delete	NAME	l l				ongo	
STREET ADDRESS			STREE	T ADDRESS					
CITY-ST-ZIP			CITY-	ST-ZIP					
TITLE		☐ Delete	TITLE	i i		_ :_ _	☐ Ch	nange	Addition
NAME			NAME						
STREET ADDRESS CITY-ST-ZIP				T ADDRÉSS ST-ZIP					
TITLE		☐ Delete	TITLE				☐ Ch	nange	Additior
NAME		- Delete	NAME				ري ا		
STREET ADDRESS			STREE	T ADDRESS					
CITY-ST-ZIP			CiTY-	ST-ZIP					
13. I hereby o	certify that the information supplied with	this filling does not qualify for	or the exen	nption stated in	Section	119,07(3)(i), Florida Statutes. I furt	her certify that	t the info	ormation

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:

MELUIN GHIN

Sithin 1/25/00 95

954-964-42