

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006943

1. Entity Name

PROFESSIONAL CLOSET CORP.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90118 014 ****70.00

Principal Place of Business
555 NORTHEAST 34TH STREET
SUITE H2210
MIAMI FL 33137

Mailing Address
555 NORTHEAST 34TH STREET
SUITE H2210
MIAMI FL 33137



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 80 SW 8th Street Suite, Apt. #, etc. 2000 City & State Miami, Florida Zip 33130		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country USA		4. FEI Number 65-0975260	Applied For Not Applicable
5. Certificate of Status Desired		X \$8.75 Additional Fee Required			

6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES FL 33134		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 Spiegel & Utrera, P.A. February 29, 2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP PSTD WANDERER, HARDY 555 NORTHEAST 34TH STREET SUITE H2210 MIAMI FL 33137	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP VD Nahmias, Ayanna S. 1244 Pennsylvania Avenue, # 206 Miami Beach, Florida 33139	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP VD JEAN, ANTONINE DR. 555 NORTHEAST 34TH STREET SUITE H2210 MIAMI FL 33137	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP D BACK, JOACHIM 555 NORTHEAST 34TH STREET STE. H2210 MIAMI FL 33137	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 29-2000

Date

Daytime Phone #

CR2E037 (9/99)