# 2001 UNIFORM BUSINESS REPORT (UBR)

PAYC 1052

DOCUMENT # P00000000297

1. Entity Name

OpenClose.com, Inc.

FILED
01 JUN -8 AM 10:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| Principal Place of Business | Mailing Address |
|---|---|
| 1401 NW 136th Avenue<br>Suite 302<br>Sunrise, FL 33323 | |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 1401 NW 136th Ave | |
| Suite, Apt. #, etc.<br>#302 | Suite, Apt. #, etc. |
| City & State<br>Sunrise, FL | City & State |
| Zip 33323 Country USA | Zip Country |

4. FEI Number 65-0978572 ☐ Applied For ☐ Not Applicable

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 |
|---|---|
| Barbara Rambo<br>1401 NW 136th Ave<br>#302<br>Sunrise, FL 33323 | Name<br>Street Address (P.O. Box Number is Not ...)<br>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 _____ DATE
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, 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 | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>Werner, Seth<br>1643 North Harrison Parkway<br>Sunrise FL 33323 ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>Rambo, Barbara<br>1643 North Harrison Parkway<br>Sunrise FL 33323 ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>Newby, C. Toms<br>1643 North Harrison Parkway<br>Sunrise, FL 33323 ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>Green, Stephen<br>1643 North Harrison Parkway<br>Sunrise FL 33323 ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition<br>400004384054--1 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>Lee, Michael<br>1643 North Harrison Parkway<br>Sunrise, FL 33323 ☐ 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 | P<br>Robert Sullivan<br>1401 NW 136th Ave #302<br>Sunrise, FL 33323 ☐ Change ☒ Addition |

CR2E034 (11/00)

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: Robert Sullivan as President 6/07/01 954 3084003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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THE UNITED STATES CORPORATION COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 179023 8340A

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ 558.75

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ORDER DATE : June 8, 2001

ORDER TIME : 11:29 AM

ORDER NO. : 179023-005

CUSTOMER NO: 8340A

CUSTOMER: Jessie A. Lande, Legal Asst
Brobeck Phleger & Harrison Llp
47th Floor
1633 Broadway
New York, NY 10019

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RECEIVED
01 JUN -8 PM 2:08
DIVISION OF CORPORATION

ANNUAL REPORT FILING

NAME: OPENCLOSE.COM, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea-EXT#1114

EXAMINER'S INITIALS: _____