

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000000297

1. Entity Name
OPENCLOSE.COM, INC.Principal Place of Business
1401 NW 138TH AVE. #302
SUNRISE FL 33323
USMailing Address
1401 NW 136TH AVE. #302
SUNRISE FL 33323
US2. Principal Place of Business
1643 N. Harrison Parkway
Suite, Apt. #, etc.
Building H3. Mailing Address
1643 N. Harrison Parkway
Suite, Apt. #, etc.
Building HCity & State
Sunrise FLCity & State
Sunrise FL

Zip 33323 Country USA

Zip 33323 Country USA

6. Name and Address of Current Registered Agent

RAMBO, BARBARA L
1401 NW 138TH AVE., #302
SUNRISE FL 333234. FEI Number 65-0978572 Applied For
Not Applicable5. Certificate of Status Desired \$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name Robert Sullivan
Street Address (P.O. Box Number is Not Acceptable)
1643 N. Harrison Parkway
Building H
City Sunrise Zip Code FL 33323

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 

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Robert Sullivan, President

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. 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 D Delete
NAME NEWBY, C T
STREET ADDRESS 1643 NORTH HARRISON PARKWAY
CITY-ST-ZIP SUNRISE FL 33323TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE D Delete
NAME GREEN, STEPHEN
STREET ADDRESS 1643 NORTH HARRISON PARKWAY
CITY-ST-ZIP SUNRISE FL 33323TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE D Delete
NAME LEE, MICHAEL
STREET ADDRESS 1643 NORTH HARRISON PARKWAY
CITY-ST-ZIP SUNRISE FL 33323TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE P Delete
NAME SULLIVAN, ROBERT
STREET ADDRESS 1401 N.W. 138TH AVE #302
CITY-ST-ZIP SUNRISE FL 33323TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE S Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE Change 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:  Robert Sullivan President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

23595



DO NOT WRITE IN THIS SPACE