

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2001 8:00 am
Secretary of State
03-22-2001 90019 026 ***150.00

DOCUMENT # P00000062172

1. Entity Name
FLORIDA CLOSET-FACTORY, INC.

Principal Place of Business
**3450 EMERALD POINT DRIVE, #111B
HOLLYWOOD FL 33021**

Mailing Address
**3450 EMERALD POINT DRIVE, #111B
HOLLYWOOD FL 33021**

2. Principal Place of Business
3389 Sheridan St.

Suite, Apt. #, etc.
#479

City & State
Hollywood FL.

Zip
33021

Country
FL

3. Mailing Address
3389 Sheridan St.

Suite, Apt. #, etc.
#479

City & State
Hollywood Florida

Zip
33021

Country
FL.



DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1023678

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SALMONOVITZ-YACOV
5923 RAVENWOOD ROAD, G-18
DANIA FL 33312**

7. Name and Address of New Registered Agent

Name **SALOMONOVITZ YACOV**
Street Address (P.O. Box Number is Not Acceptable)
5923 Ravenswood RD. G-18
City **DANIA** FL Zip Code **33312**

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, 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SALMONOVITZ, YACOV 3450 EMERALD POINT DRIVE, #111B HOLLYWOOD FL 33021 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SALMONOVITZ, ALIZA 3450 EMERALD POINT DRIVE, #111B HOLLYWOOD FL 33021 <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	Salomonovitz Yacov 3837 S.W. 53 PL. Fort Lauderdale FL. 33312 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Salomonovitz ALIZA 3837 S.W. 53 PL. Fort Lauderdale FL. 33312 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-01

Date

Daytime Phone #

CR2E034 (10/00)