FILED
Jun 05, 2003 8:00 am
Secretary of State
04-21-2003 91201 019 ***150.00

J2003 **FOR PROFIT CORPORATION**
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000092818

1. Entity Name
Doctor Closets, Inc

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55046376

2. Principal Place of Business		3. Mailing Address	
8055 W 23rd AVE		8055 W 23rd AVE	
Suite, Apt. #, etc. #7		Suite, Apt. #, etc. #7	
City & State HIALEAH Fl		City & State HIALEAH Fl	
Zip 33016	Country MIAMI-DADE	Zip 33016	Country MIAMI-DADE

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4. FEI Number 65-1056205 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name MARIA LUIZA DIAZ
Street Address (P.O. Box Number is Not Acceptable) 1425 SW 122 AV #8
City Miami Florida FL Zip Code 33184

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE MARIA LUIZA DIAZ 5-30-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	DP OWNER	TITLE	
NAME	DIAZ MARIA LUISA	NAME	
STREET ADDRESS	1425 SW 122 AVE #8	STREET ADDRESS	
CITY-ST-ZIP	MIAMI Fl 33184	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: ________ 3-26-2003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

(MANAGER)