## 0120A2E AV

## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT #

P00000114358

1. Entity Name

GARAGE STORAGE CABINETS OF BROWARD, INC.



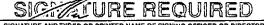
## FILED Apr 18, 2003 8:00 am Secretary of State

04-18-2003 90179 039 \*\*\*150.00

Principal Place of Business 2211 SW 31 AVENUE PEMBROKE PINES FL 33009				Mailing Address 2211 SW 31 AVENUE PEMBROKE PINES FL 33009										
2. Principal Place of Business				3. Mailing Address				11	<b>                                    </b>	<b>00</b> 1111 <b>0010</b> 1 1(1	[		A	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES						
City & State				City & State .				, FEI N	umber 65-106264	3			llied For Applicable	
Zìp	Country			Zip Coun			5. Certificate of Status Desired			<b>-</b>	S8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent							7.	Name	and Address of New	/ Registere	d Agent			
TIME BOILDE On a " "						Name			5.7 ., 5 _	-	<u>-</u> .			
FLAMM, BRUCE CPA				Street A			ddress (P.O.	dress (P.O. Box Number is Not Acceptable)						
9400 S DADELAND BLVD SUITE 110														
MIAMI FL		Į												
			City					F	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. I am familiar with, and accept the obligations of registered agent.														
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE													<del></del>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State								9	Lection Campaign Trust Fund Contribu				May Be o Fees	
		<del></del>												
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NAME	TAN, CHRI	STINA J		_ 50,00	NAME						_	J	_ (	
	424 POINC					ADDRESS								
	HALLANDA	LE FL 33309~ ~-	<u> </u>			ST-ZIP	<u></u>	<del>-</del> <del>-</del> <del>-</del> <del>-</del>	مريونون بي		- ~-			
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12. Thereby 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE** 



4/16/03

954 214 9343

Daytime Ph