

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

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91191 032 ***150.00

DOCUMENT # PO1000044900

1. Entity Name
Aprils Closet, Inc



DO NOT WRITE IN THIS SPACE

20031619

2. Principal Place of Business
9391 SW 192 Dr.

3. Mailing Address
9391 SW 192 Dr

Suite, Apt. #, etc. _____

DO NOT WRITE IN THIS SPACE

City & State
Miami, FL

City & State
Miami, FL 33157

Zip
33157 Country
USA

Zip
33157 Country
USA

4. FEI Number
65-1104340

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
Alan Bonwit

Street Address (P.O. Box Number is Not Acceptable)
9391 SW 192 Dr

City
Miami FL Zip Code
33157

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 Alan Bonwit President/Owner DATE 4/15/03

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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**

19. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>President</u> <u>Alan Bonwit</u> <u>9391 SW 192 Dr</u> <u>Miami, FL 33157</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Vice President/Treasurer</u> <u>Christina Bonwit</u> <u>9391 SW 192 Dr</u> <u>Miami, FL 33157</u>	TITLE NAME STREET ADDRESS 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: Alan Bonwit DATE 4/15/03 DAYTIME PHONE # 305 450 4074

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)