

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90112 025 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # P01000045267

1. Entity Name
DREAM CLOSETS OF SOUTH FLORIDA, INC.

Principal Place of Business
3047 NW 26TH STREET
LAUDERDALE LAKES FL 33311

Mailing Address
3047 NW 26TH STREET
LAUDERDALE LAKES FL 33311

2. Principal Place of Business

2600 HAMMONDVILLE RD.
SUITE 25

City & State
POMP BCH FLA.

Zip
33069

Country
USA.

3. Mailing Address

2600 HAMMONDVILLE RD.
SUITE 25

City & State
POMP. BCH. FLA

Zip
33069

Country
USA

4. FEI Number
051103133

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DEMIANCZYK, ROMAN
3047 NW 26TH STREET
LAUDERDALE LAKES FL 33311

7. Name and Address of New Registered Agent

Name **ROMAN DEMIANCZYK**
Street Address (P.O. Box Number is Not Acceptable)
2600 HAMMONDVILLE RD
SUITE 25
City **POMPANO BEACH** **FL** **Zip Code** **33069**

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 *Roman Demianczyk* **ROMAN DEMIANCZYK** **(D)** **4/22/02**
Signature, typed or printed name of registered agent and title if applicable. (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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE **D** ☒ **Delete**
NAME **DEMIANCZYK, ROMAN**
STREET ADDRESS **3047 NW 26TH STREET**
CITY-ST-ZIP **LAUDERDALE LAKES FL 33311**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
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CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ **Change** ☒ **Addition**
NAME **JOSE CLARKE**
STREET ADDRESS **2600 HAMMONDVILLE RD SUITE 25**
CITY-ST-ZIP **POMP BCH FLA 33069**

TITLE **D** ☒ **Change** ☐ **Addition**
NAME **ROMAN DEMIANCZYK**
STREET ADDRESS **2600 HAMMONDVILLE RD. SUITE 25**
CITY-ST-ZIP **POMP BCH FLA 33069**

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
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TITLE ☐ **Change** ☐ **Addition**
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TITLE ☐ **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 life empowered.

SIGNATURE: *Roman Demianczyk* **ROMAN DEMIANCZYK** **4/22/02 954-484-6177**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)