

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

**FILED**  
**Jun 19, 2002 8:00 am**  
**Secretary of State**

06-19-2002 90930 047 \*\*\*150.00

DOCUMENT # **P01 000061 030**

1. Entity Name  
**CLOZLINE, INC.**

**DO NOT WRITE IN THIS SPACE**

**870054**

2. Principal Place of Business

**6689 N BOYNTON BEACH BLVD.**

Suite, Apt. #, etc.

3. Mailing Address

**10956 N. DANBURY WAY**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**BOYNTON BEACH, FL**

City & State

**BOCA RATON, FL**

4. FEI Number

**65-1114386**

Applied For

Not Applicable

Zip

**33437**

Country

**USA**

Zip

**33448**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional**

**Fee Required**

7. Name and Address of Current Registered Agent

Name  
**Filings, Inc.**

Street Address (P.O. Box Number is Not Acceptable)

**3732 NW 16th STREET**

City

**FT. LAUDERDALE**

FL

Zip Code

**33311-4132**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when transferring)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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

**OFFICER / DIRECTOR  
STEVEN M. LAMM  
10956 N. DANBURY WAY  
BOCA RATON, FL 33448**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, which is other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**STEVEN M. LAMM**

Date

Daytime Phone #

CR2E034B (12/01)

Attachment  
870054

Clozline, Inc.  
6689 W. Boynton Beach Blvd.  
Boynton Beach, FL 33437

06/13/02

To Whom It May Concern:

I am submitting the UBR for Clozline, Inc. per my conversation with Patricia at your office. I am submitting it with a check for \$150, because I never received the form in the mail, due to the fact that we closed the store and did not receive any mail, to do it in a timely manner. I apologize for the inconvenience, and only realized it was time to re-up my corp. because I was looking at the sunbiz website. Thank you for your understanding in advance.

Clozline, Inc. Document # P01000061030

Steve Lamm



President/Director  
Clozline, Inc.  
954-675-6175