

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

05-19-2002 90253 016 \*\*\*150.00

**DOCUMENT # P01000075310**

**1. Entity Name**  
**CLOSET BOUTIQUE, INC.**

**Principal Place of Business**

**10754 WILES RD.**  
**CORAL SPRINGS FL 33076**

**Mailing Address**

**10754 WILES RD.**  
**CORAL SPRINGS FL 33076**

**361233**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number**

**65-1134623**

Applied For

Not Applicable

Zip

Country

Zip

Country

**5. Certificate of Status Desired**

☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**SOLOMON, JIM E ESQ**  
**800 E. CYPRESS CREEK RD., STE. 200**  
**FT. LAUDERDALE FL 33334**

Name

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

City

**FL**

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.**

**SIGNATURE**

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**  
 Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	PS	<input type="checkbox"/> Delete
NAME	Nancy Oliver-Valley	
STREET ADDRESS	11648 NW 52nd ct.	
CITY-ST-ZIP	Coral Springs, FL 33076	
TITLE	VT	<input type="checkbox"/> Delete
NAME	Bethany Damon	
STREET ADDRESS	1501 NW 45th St. A-9	
CITY-ST-ZIP	Pompano Beach, FL 33064	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.**

**SIGNATURE:**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**Bethany Damon**  
 Vice President

Date

**4/15/02**

Daytime Phone #

**954 255 8463**

CR2E034 (9/01)