

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P94000081035**

1. Entity Name

**BEHIND CLOSED DOORS, INC.****FILED****Jan 26, 2000 8:00 am**  
**Secretary of State**

01-26-2000 90205 038 \*\*\*150.00

Principal Place of Business

3921 SW 47TH AVE  
BAY 1001  
DAVIE FL 33314  
US

Mailing Address

3921 SW 47TH AVE  
BAY 1001  
DAVIE FL 33314-2814  
US

901400



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

65-0531499

Applied For

Not Applied For

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

**DEITRICK, KIM**  
**2663 BACCARAT DR**  
**COOPER CITY FL 33026**

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, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** may  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>P</b>			
	<b>DEITRICK, KIM</b>	<b>3770 SAN SIMEON CIRCLE</b>	<b>WESTON FL 33331</b>	
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Add
				<input type="checkbox"/> Change	<input type="checkbox"/> Add
				<input type="checkbox"/> Change	<input type="checkbox"/> Add
				<input type="checkbox"/> Change	<input type="checkbox"/> Add
				<input type="checkbox"/> Change	<input type="checkbox"/> Add
				<input type="checkbox"/> Change	<input type="checkbox"/> Add
				<input type="checkbox"/> Change	<input type="checkbox"/> Add

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 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

Date

Daytime Phone #

1-14-00 954-26-9111