

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2003 8:00 am
Secretary of State

01-10-2003 90051 006 ***150.00

DOCUMENT # P96000007151

1. Entity Name
THE CLOSET WIZZARD INC.



Principal Place of Business
**131 NW 13TH ST
E-41
BOCA RATON FL 33432
US**

Mailing Address
**131 NW 13TH ST
E-41
BOCA RATON FL 33432
US**



2. Principal Place of Business
**131 NW 13th ST.
Suite, Apt. #, etc.
E-38**

3. Mailing Address
**131 NW 13th ST.
Suite, Apt. #, etc.
E-38**

☐ CHECK HERE IF MAKING CHANGES

City & State
BOCA RATON, FL
Zip
33432
Country
U.S.A.

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BOCA RATON, FL
Zip
33432
Country
U.S.A.

4. FEI Number
59-3358387

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GARELLEK, STEVEN
7000 W. PALMETTO PARK RD.
SUITE 400
BOCA RATON FL 33433**

7. Name and Address of New Registered Agent

Name
GARELLEK, STEVEN
Street Address (P.O. Box Number is Not Acceptable)
700 S. FEDERAL HWY., #200
City
BOCA RATON, FL FL Zip Code
33432

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GOLDSTEIN 12737 MAYPAN DR BOCA RATON FL 33428	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1.7.03

561-750-5311

Date

Daytime Phone #

CR2E034 (10/02)