

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000016443

1. Entity Name

MIAMI CLOSET SYSTEMS, INC.

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90077 014 ***150.00

Principal Place of Business

12960 SW 132 AVE
 MIAMI FL 33186

Mailing Address

12960 SW 132 AVE
 MIAMI FL 33186-5811

NEW ADDRESS

2. Principal Place of Business

13250 SW 128 St.

3. Mailing Address

13250 SW 128 St

Suite, Apt., etc.

101

Suite, Apt., etc.

101

City & State

Miami FL

City & State

Miami FL

Zip

33186

Country

U.S.A

Zip

33186

Country

U.S.A



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0687796

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

BARKER, PATRICK
 12960 SW 132TH AVE
 MIAMI FL 33186

7. Name and Address of New Registered Agent

Name **PATRICK BARKER**

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

11025 SW 132 ct #4

City

Miami

FL

Zip Code

33186

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

5/15/00

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 Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
 NAME **BARKER, PATRICK**
 STREET ADDRESS **11025 SW 132 COURT**
 CITY-ST-ZIP **MIAMI FL 33186**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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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 ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

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, 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/15/00

Date

305-388-7735

Daytime Phone #

CR2E034 (9/99)