

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P96000016443**

1. Entity Name
MIAMI CLOSET SYSTEMS, INC.



Principal Place of Business
13250 SW 128ST.
#101
MIAMI FL 33186

Mailing Address
13250 SW 128ST.
#101
MIAMI FL 33186

2. Principal Place of Business
13250 SW 128ST

Suite, Apt. #, etc.
#101

3. Mailing Address
same as above

Suite, Apt. #, etc.

City & State
Miami, FL

City & State

Zip
33186

Zip

Country
USA

Country

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 A
11025 SW 132 CT
#4
MIAMI FL 33186**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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STREET ADDRESS
CITY-ST-ZIP

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Change Addition

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CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change 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

**FILED
Apr 14, 2003 8:00 am
Secretary of State**

04-14-2003 90926 027 ***150.00



CHECK HERE IF MAKING CHANGES

031569 AV

CR2E034 (10/02)