## 2002 UNIFORM BUSINESS REPORT (UBR)

## Jul 30, 2002 8:00 am P97000043611 DOCUMENT # Secrétary of State 1. Entity Name Salar Sa 07-30-2002 90376 010 \*\*\*150.00 THE ENCHANTED CLOSET, INC. Principal Place of Business Mailing Address 10113 HUNT CLUB LANE 10113 HUNT CLUB LANE PALM BEACH GARDENS FL 33418 PALM BEACH GARDENS FL 33418 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0774162 ✓ Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KLEIN, STUART B ESQ. Street Address (P:O: Box Number is Not Acceptable) 1551 FORUM PLACE SUITE 400B WEST PALM BEACH FL 33401 Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 Tax, filing requirement and elects to do so. 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition KLEIN, JEANINE M NAME NAME STREET ADDRESS 10113 HUNT CLUB LANE STREET ADDRESS CITY-ST-7IP PALM BEACH GARDENS FL 33418 CITY-ST-ZIP TITLE ☐ Change ☐ Addition NAME GODOWN, LISA NAME STREET ADDRESS 12477 SEMINOLE BOULEVARD STREET ADDRESS CITY-ST-ZIP NORTH PALM BEACH FL 33408 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 changed, or on an attachment with an address, with all other like empowered. th an address, with all other like empoy

SIGNATURE:

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## THE ENCHANTED CLOSET, INC. 10113 Hunt Club Lane Palm Beach Gardens, FL 33418

July 14, 2003

SUBJECT: THE ENCHANTED CLOSET, INC. Ref: P97000043611

Florida Department of State Division of Corporations PO Box 6327 Tallahassee, Florida 32314

Attention: Mr. Tyrone Scott

**Document Speicialist** 

Dear Mr. Scott:

Based on a conversation with the above office, I am enclosing a check for \$150 in addition to my completed 2002 Uniform Business report. The original May I notice was not received by me and I respectfully request that the late fees be waived.

I am so grateful for your attention to this matter.

Sincerely yours,

Jeanine Klein The Enchanted Closet

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