2003 FOR PROFIT CORPORATION

changed, or on an attachment with an

FILED Mar 17, 2003 8:00 am § Secretary of State **UNIFORM BUSINESS REPORT (UBR** P99000030652 DOCUMENT # 1. Entity Name 03-17-2003 90694 017 ***150.00 BOCA CLOSET DESIGN, INC. Principal Place of Business Mailing Address 1731 AVENIDA DEL SOL 1731 AVENIDA DEL SOL * A A A A A L A A **BOCA RATON FL 33432 BOCA RATON FL 33432** 2. Principal Place of Business Suite, Apt. #, etc Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State 4. FEI Number Applied For 65-0912373 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent -7. Name and Address of New Registered Agent HERMAN, HARRIET Street Address (P.O. Box Number is Not Acceptable) 1731 AVENIDA DEL SOL 1745 AvenidA **BOCA RATON FL 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 agents SIGNATURE or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete Change Addition DUSOWITZ, HERBERT NAME NAME STREET ADDRESS 1731 AVENIDA DEL SOL STREET ADDRESS **BOCA RATON FL 33432** CITY-ST-7IP CITY-ST-ZIP **VST** TITLE ☐ Delete TITLE Addition HERMAN, HARRIET NAME NAME STREET ADDRESS 1731 AVENIDA DEL SOL STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33432** CITY-SI-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI E ☐ Delete TITI F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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

SIGNATURE: