

# 2000\* UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 09, 2000 8:00 am**  
**Secretary of State**  
 05-09-2000 90064 042 \*\*\*150.00

**DOCUMENT # P99000045007**

1. Entity Name  
**INVENTORY CLOSEOUT, INC.**

Principal Place of Business Mailing Address  
 1001 ALTERNATE A1A 1001 ALTERNATE A1A  
 JUPITER FL 33477 JUPITER FL 33477-3227

00047059



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		65-0920899		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES FL 33134				Name			
				BENJAMIN FRIEDMAN			
				Street Address (P.O. Box Number is Not Acceptable)			
				3520 OAKS WAY # 909			
City				Zip Code			
POMPAHO BEACH				FL 33069			

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]* DATE: 3/16/00

(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD FRIEDMAN, BENJAMIN 1001 ALTERNATE A1A JUPITER FL 33477	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3520 OAKS WAY # 909 POMPAHO BEACH FL 33069
	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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 or 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]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date: Daytime Phone #: