2000 UNIFORM BUSINESS REPORT (UBR) Apr 24, 2000 8:00 am Secretary of State DOCUMENT # P99000046773 GLOBAL CLOSET, INC. 04-24-2000 90145 017 ***150.00 Principal Place of Business Mailing Address 1515 N.W. 167TH STREET 1515 N.W. 167TH STREET **SUITE 135** SUITE 135 MIAMI FL 33169-5132 MIAMI FL 33169 2. Principal Place of Business 3. Mailing Address 515 I BISI Peters Road Poters Road DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Sule 3300 sidk 3300 Applied For City & State 4. FEI Number City & State 65-0924204 FL Planta Not Applicable Plantation Country \$8.75 Additional Country 5. Certificate of Status Desired OSA USA 33324 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent (name change de to mamage) Name Evelyn. Pla LECUSAY, EVELYN Street Address (P.O. Box Number is Not Acceptable) 8151 Peters Road 1515 N.W. 167TH STREET SUITE 135 Suite 3300 MIAMI FL 33169 CityPlan Zip Code 33324 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Delete TITLE TITLE GORDON, MARK J NAME NAME RODO Sure 3300 STREET ADDRESS STREET ADDRESS 1515 N.W. 167TH STREET SUITE 135 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33169** ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ŤÍTLE ☐ Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP ☐ Change Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP s not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information burste and that my signature shall have the same legal effect as if made under oath; that I am an officer or director explicitly the same legal effect as if made under oath; that I am an officer or director explicitly the same legal effect as if made under oath; that I am an officer or director explicitly the same legal effect as if made under oath; that I am an officer or director explicitly that I am an officer or director as if the same legal effect as if the sa I hereby certify that the information with this filing do indicated on this report or suppleme of the corporation or the receiver or

18000

Date

Daytime Phone #

SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with

SIGNATURE: