

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 25, 2002 8:00 am
Secretary of State

06-25-2002 90452 042 ***150.00

DOCUMENT # V34542

1. Entity Name
DISCOUNT CLOSETS, INC.

Principal Place of Business

~~12508 SW 117 CT~~
~~MIAMI FL 33186~~
~~US~~

Mailing Address

~~12508 SW 117 CT~~
~~MIAMI FL 33186~~
~~US~~

2. Principal Place of Business

10728 SW 188 ST

3. Mailing Address

10728 SW 188 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65-0339087

Applied For

Not Applicable

Zip

33157

Country

USA

Zip

33157

Country

USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

~~HENDERSON, COLENO~~
~~1836 SW 2ND TERR~~
~~MIAMI FL 33145~~

7. Name and Address of New Registered Agent

Name

ROBERT ZARCO

Street Address (P.O. Box Number is Not Acceptable)

100 SE 2 STREET

Suite 2700

City

MIAMI, FL 33145 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.

SIGNATURE

Robert D. Christians

(NOTE: Registered Agent signature required when reinstating)

DATE **3/19/02**

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so.

(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00

After May 1, 2002 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
 NAME **CHRISTIANS, ROBERT D**
 STREET ADDRESS **12508 SW 117 CT 10728 SW 188 ST**
 CITY-ST-ZIP **MIAMI FL 33186 MIAMI, FL 33157**

TITLE **VP** ☐ Delete
 NAME **MARIA GARRETT**
 STREET ADDRESS **10728 SW 188 ST**
 CITY-ST-ZIP **MIAMI, FL 33157**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)