2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

MIAMI FL 33157

3. Mailing Address

10728 SW 188 STREET

DOCUMENT # V34542

1. Entity Name

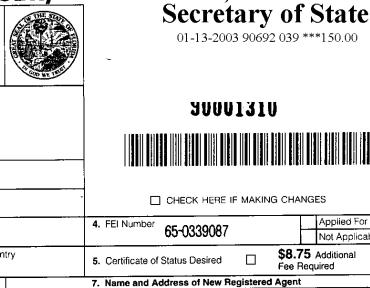
DISCOUNT CLOSETS, INC.

Principal Place of Business

2. Principal Place of Business

10728 SW 188 STREET

MIAMI FL 33157



FILED

Jan 13, 2003 8:00 am

Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable \$8.75 Additional Zip Country Zip Country Fee Required 6. Name and Address of Current Registered Agent Name ZARÇO, ROBERT Street Address (P.O. Box Number is Not Acceptable) 100 SE 2 STREET **SUITE 2700** Zip Code MIAMI FL 33145 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 agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 | \$5.00 May Be 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. VICE PRESIDENT E034 (10/02) ☐ Delete TITLE TITLE CHRISTIANS, ROBERT D NAME NAME 10728 SW188 57 STREET ADDRESS 10728 SW 188 STREET STREET ADDRESS **MIAMI FL 33157** CITY-ST-ZIP CITY-ST-ZIP Addition Delete TITLE TITLE NAME NAME GARRETT, MARIA STREET ADDRESS STREET ADDRESS 10728 SW 188 STREET CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33157** Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

IGNATURE AND TYPED OR PRINCED NAME OF SIGNING OFFICER OR DIRECTOR

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