

2001 UNIFORM BUSINESS REPORT (UBR)

0006284 AF

DOCUMENT # A94000000990

1. Entity Name

N.W. 5TH AVENUE WAREHOUSE, LTD.

FILED

07 APR 30 PM 12:23

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



Principal Place of Business

**2800 NE 26 COURT
FT LAUDERDALE FL 33306**

Mailing Address

**2800 NE 26 COURT
FT LAUDERDALE FL 33306**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0509149

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BERGER, JAMES L
350 EAST LAS OLAS BLVD., SUITE 1000
FORT LAUDERDALE FL 33301**

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City _____ **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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$100.00**

10. Amount of Capital Contributions in FLORIDA to date.

**11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #	P94000054070
NAME	N.W. 5TH AVENUE WAREHOUSE, INC.
STREET ADDRESS	2800 NE 26 COURT
CITY-ST-ZIP	FT LAUDERDALE FL 33306
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	-05/15/01--01102--014
STREET ADDRESS	****141.25 ****141.25
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *[Signature]* **REQUIRE:**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

CR2E003 (11/00)