## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Mar 13, 2001 8:00 am Secretary of State **DOCUMENT # P38374** 1. Entity Name WARSTEINER IMPORTERS AGENCY, INC. 03-13-2001 90310 031 \*\*\*150.00 Principal Place of Business Mailing Address 9359 ALLEN ROAD 9359 ALLEN ROAD WEST CHESTER OH 45069 WEST CHESTER OH 45069 00024770 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 84-1103494 Not Applicable \$8.75 Additional Country Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) C/O CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324 Zip Code City FL 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) 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, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change TITLE TITLE ☐ Delete FRIEDMAN, ROBERT JAY NAME NAME STREET ADDRESS 5861 LAGORCE DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL Change Change ☐ Addition ☐ Delete TITLE TITLE NAME HARDMAN, GREG NAME STREET ADDRESS 9359 ALLEN ROAD STREET ADDRESS CITY-ST-ZIP WEST CHESTER OH 45069 CITY-ST-ZIP ☐ Addition Channe ☐ Delete TITLE WEBSTER, JAMES L NAME NAME STREET ADDRESS 226 WEST ONTARIO, 2ND FLOOR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHICAGO IL 60610 - Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Defete 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 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 receipter 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

SIGNATURE: AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

with an address, with all other like empowered.

changed, or on an attachme

**FILED**