

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 10, 2003 8:00 am**  
**Secretary of State**

02-10-2003 90127 047 \*\*\*150.00

**DOCUMENT # P02000007910**

1. Entity Name  
**58TH ST WAREHOUSE, INC.**



Principal Place of Business  
**8200 N.W. 58 STREET  
MIAMI FL 33166**

Mailing Address  
**8200 N.W. 58 STREET  
MIAMI FL 33166**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**04-3605145**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**ROTH, JEFFREY C  
ROTH & SCHOLL  
1500 SAN REMO AVE SUITE 176  
CORAL GABLES FL 33146**

7. Name and Address of New Registered Agent

Name **JOSEPH G. MORETTI JR**  
Street Address (P.O. Box Number is Not Acceptable)  
**401 LEUCADENDRA DR**  
City **CORAL GABLES** FL Zip Code **33156-2367**

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 **Joseph G. Moretti Jr** - **JOSEPH G. MORETTI JR** DATE **2/5/03**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
NAME **MORETTI, JOSEPH G JR**  
STREET ADDRESS **8200 N.W. 58 STREET**  
CITY-ST-ZIP **MIAMI FL 33166**

TITLE **PTD** ☒ Change ☐ Addition  
NAME **SAME NAME**  
STREET ADDRESS **401 LEUCADENDRA DR**  
CITY-ST-ZIP **CORAL GABLES, FL 33156**

TITLE **D** ☐ Delete  
NAME **MORETTI, PATRICIA A**  
STREET ADDRESS **8200 N.W. 58 STREET**  
CITY-ST-ZIP **MIAMI FL 33166**

TITLE **SD** ☒ Change ☐ Addition  
NAME **SAME NAME**  
STREET ADDRESS **401 LEUCADENDRA DR**  
CITY-ST-ZIP **CORAL GABLES, FL 33156**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**JOSEPH G. MORETTI JR - PRESIDENT**

**2/5/03**  
Date

**305-592-5220**  
Daytime Phone #

CR2E034 (10/02)