

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2001 8:00 am
Secretary of State
 03-28-2001 90217 044 ***150.00

0497184

DOCUMENT # 599104

1. Entity Name

MANUFACTURING WAREHOUSE INC.

Principal Place of Business

1730 N.W. 29TH ST.
 MIAMI FL 33142-6015

Mailing Address

1730 N.W. 29TH ST.
 MIAMI FL 33142-6015

2. Principal Place of Business

3628 NW 47 STREET

3. Mailing Address

3628 NW 47 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL 33142

City & State

MIAMI, FL 33142

Zip

33142

Country

Zip

33142

Country

4. FEI Number

59-1898625

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

Name

ANGEL RIVERO

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

3628 NW 47 STREET

City

MIAMI

FL

33142

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

Angel Rivero

ANGEL RIVERO

3-25-01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
 NAME RIVERO, ANGEL
 STREET ADDRESS 1740 N.W. 29TH ST.
 CITY-ST-ZIP MIAMI, FL 00000 ☐ Delete

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VP, TR, SC D
 NAME RIVERO, MAGALY
 STREET ADDRESS 3628 NW 47 STREET
 CITY-ST-ZIP MIAMI, FL 33142 ☐ Change ☒ Addition

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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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:

Angel Rivero

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-25-01

Date

Daytime Phone #

CR2E034 (10/00)