

# 2002 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # A01000000682**

1. Entity Name

**EWE WAREHOUSE INVESTMENTS X, LTD.**

*260*

**FILED**

**02 MAY 13 PM 2: 53**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



Principal Place of Business

**10165 N.W. 19TH STREET  
MIAMI FL 33172**

Mailing Address

**10165 N.W. 19TH STREET  
MIAMI FL 33172**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**DUE BY MAY 1, 2002**

4. FEI Number

**65-1109859**

Applied For

Not Applicable

5. Certificate of Status Desired

XX

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY**

**1201 HAYS STREET**

**TALLAHASSEE FL 32301-2525**

Name

**EDWARD W. EASTON**

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

**10165 NW 19 STREET**

City

**MIAMI**

**FL**

Zip Code

**33172**

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

**EDWARD W. EASTON**

**04/02/2002**

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

DATE

9. Capital Contributions as Shown on record.

**\$10,000.00**

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 the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #	<b>L01000007341</b>
NAME	<b>EWE WAREHOUSE INVESTMENTS X, LLC</b>
STREET ADDRESS	<b>10165 N.W. 19TH STREET</b>
CITY-ST-ZIP	<b>MIAMI FL 33172</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>700005638637-1</b>
CITY-ST-ZIP	<b>-05/30/02--01006--008</b>
	<b>****158.75 ****158.75</b>
STREET ADDRESS	
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:

**EDWARD W. EASTON**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**APR 2 - 2002**

**305-593-2222**

Date

Daytime Phone #

CR2E003 (9/01)