

# 2001 UNIFORM BUSINESS REPORT (UBR)

0003177 AF

DOCUMENT # **A03668**

1. Entity Name

**DO IT YOURSELF WAREHOUSING, LTD.**

Principal Place of Business

~~982 S. DIXIE HWY. WEST~~  
~~POMPANO BEACH FL 33060~~

Mailing Address

~~982 S. DIXIE HWY. WEST~~  
~~POMPANO BEACH FL 33060~~

2. Principal Place of Business

**521 N.E. 35th Street**

3. Mailing Address

**521 N.E. 35th Street**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Oakland Park, Florida 33334**

City & State

**Oakland Park, Florida 33334**

4. FEI Number

**59-1520460**

Applied For

Not Applicable

Zip  
**33334**

Country  
**USA**

Zip  
**33334**

Country  
**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

~~MELILO, JOHN~~

~~4821 N.E. 16TH WAY~~

~~FT. LAUDERDALE FL 33334~~

7. Name and Address of New Registered Agent

Name  
**NICOSIA, ROBERT**

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

**1921 N.E. 59th Street**

City  
**FORT LAUDERDALE**

**FL**

Zip Code  
**33308**

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

*Robert Nicosia* **ROBERT NICOSIA MANAGER**

**1/12/01**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record.

**\$739,129.37**

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

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**HARPER, JOHN H**  
**2486 NW KEARNEY**  
**PORTLAND OR 97210**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**300003624093--2**  
**-02/02/01--01033--006**  
**\*\*\*\*526.25 \*\*\*\*526.25**

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:

*John Harper*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER**

**1/16/2001**

Date

Daytime Phone #

CR2E003 (11/00)