

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A05723
 1. Entity Name
I & E WAREHOUSE LTD.

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

00 MAY -1 PM 12:06

rf

Principal Place of Business
**801 ARTHUR GODFREY ROAD
 SUITE 202
 MIAMI BEACH FL 33140**

Mailing Address
**801 ARTHUR GODFREY ROAD
 SUITE 202
 MIAMI BEACH FL 33140-3323**



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
 ...

City & State

Zip Country Zip Country

4. FEI Number **59-1790505** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**PERTNOY, EARL
 801 ARTHUR GODFREY ROAD
 SUITE 202
 MIAMI BEACH FL 33140**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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

9. Capital Contributions as Shown on record. **\$170,435.00**

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 #	NAME	STREET ADDRESS	CITY - ST - ZIP
	PERTNOY, EARL	5660 COLLINS AVENUE, APT. 8E	MIAMI BEACH FL 33140

STREET ADDRESS	CITY - ST - ZIP

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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: *Earl Pertnoy* **SIGNATURE REQUIRED EARL PERTNOY**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
 Date **4-27-00** Daytime Phone # **305-672-6575**

CRE003 (5/99)