

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A30099**

1. Entity Name

**PALMETTO AND 61ST WAREHOUSE, LTD.**

#278  
FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR 24 AM 3:05

Principal Place of Business

**300 GRECO AVENUE  
CORAL GABLES FL 33146**

Mailing Address

**300 GRECO AVENUE  
CORAL GABLES FL 33146-1811**



2. Principal Place of Business

**10165 NW 19 STREET**

Suite, Apt. #, etc.

3. Mailing Address

**10165 NW 19 STREET**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**MIAMI, FLORIDA**

City & State

**MIAMI, FLORIDA**

4. FEI Number

**65-0196248**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33172**

**33172**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**EASTON, EDWARD W.  
300 GRECO AVENUE  
CORAL GABLES FL 33146**

7. Name and Address of New Registered Agent

Name

**EASTON, EDWARD W.**

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

**10165 NW 19 street**

City

**MIAMI, FLORIDA**

**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*

**Edward W. Easton**

**04-07-2000**

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.

**\$1,000,000.00**

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

DOCUMENT # **L73906**  
NAME **PALMETTO AND 61ST WAREHOUSE, INC.**  
STREET ADDRESS **C/O 300 GRECO AVENUE**  
CITY-ST-ZIP **CORAL GABLES FL**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

**10165 NW 19 STREET**

CITY-ST-ZIP

**MIAMI, FLORIDA 33172**

STREET ADDRESS

CITY-ST-ZIP

**200003248902--1**

**05/11/00 01094-013**

**\*\*\*\*526.25 \*\*\*\*526.25**

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

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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:

**SIGNATURE REQUIRED**  
**Edward W. Easton**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**04-07-00**

Date

**(305) 593-2222**

Daytime Phone #