

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0002389 AV

DOCUMENT # **A95000001386**



1. Entity Name  
**EWE WAREHOUSE INVESTMENTS, LTD.**

**FILED**  
#2003 APR 23 AM 9:37  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**10165 NW 19 STREET  
MIAMI FL 33172**

Mailing Address  
**10165 NW 19 STREET  
MIAMI FL 33172**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**DUE BY MAY 1, 2003**

City & State

City & State

4. FEI Number **65-0720262**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**EASTON, EDWARD W  
10165 NW 19 STREET  
MIAMI FL 33172**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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 FL. 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	<b>P95000071573 EWE WAREHOUSE INVESTMENTS, INC. 10165 NW 19 STREET MIAMI FL 33172</b>
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STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>400016808894</b>
CITY-ST-ZIP	<b>04/23/03--01061--009 **167.50</b>
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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: **EDWARD W. EASTON**  
*SIGNATURE REQUIRED*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

03/20/03 305-593-2222

Date

Daytime Phone #

CR2E003 (10/02)