

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A95000001916

1. Entity Name
PEMBROKE PARK WAREHOUSES, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN -5 PM 1:33

Principal Place of Business
3150 PEMBROKE ROAD
PEMBROKE PARK FL 33009

Mailing Address
3850 HOLLYWOOD BLVD., SUITE 400
HOLLYWOOD FL 33021-6746



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0620851		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
CORNFELD, ROBERT M THE CORNFELD GROUP 3150 HOLLYWOOD BLVD. #400 HOLLYWOOD FL 33021				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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 _____

9. Capital Contributions as Shown on record. \$10,000.00	10. Amount of Capital Contributions in FLORIDA to date. \$10,000.00	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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	METZ, HELENE G 3850 HOLLYWOOD BLVD. #400 HOLLYWOOD FL 33021	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		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: *Helene G. Metz* **4/10/00** (954) 989-2200
 _____ Date Daytime Phone #

Helene G. Metz, General Partner

CF2E003 (9/99)