2001-UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A9500001916 1. Entity Name PEMBROKE PARK WAREHOUSES, LTD.				FILED		
				01 APR 16 AM 10: 19		
3150 PEMBROKE ROAD 38		Mailing Address 3850 HOLLYWOOD BLVD SUITE 400 HOLLYWOOD FL 33009		00	SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 3. Mailing Address			-			
2. Findipal Flace of Business		3. Maining Address				
Suite, Apt. #, etc. So		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
City & State .		City & State			4. FEI Number 65-0620851 Applied For Not Applicable	
Zip Country Zip		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	
-	The state of the s	4		Name		
CORNFELD, ROBERT M THE CORNFELD GROUP			Street Address (P.O. Box Number is Not Acceptable)			
3150 HOLLYWOOD BLVD. #400 HOLLYWOOD FL 33021				City Zip Code		
8. The above named entity submits this statement for the purpose of changing its reg				FL }		
SIGNATURE						
9. Capital Co as Shown		10. Amount of Capital in FLORIDA to date	Contribu	Agent signature required utions \$10,	OOO OO 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION	
	A GENERAL PARTNER TO NOTE: General Partners MA	HAT IS A BUSINESS ENTI / NOT be changed on the	ITY MU form;	IST BE REGIST an amendment	ERED AND ACTIVE WITH THIS OFFICE. t must be filed to change a general partner.	
12.	GENERAL PARTNER		13.		ADDRESS CHANGES ONLY	
DOCUMENT # NAME	METZ, HELENE G 3850 HOLLYWOOD BLVD. #400 HOLLYWOOD FL 33021		STREE	T ADDRESS		
STREET ADDRESS CITY-ST-ZIP			CITY-S	ST-ZIP	j	
DOCUMENT # NAME			STREET	T ADDRESS		
STREET ADDRESS City-St-Zip			CITY-S	ST-ZIP		
DOCUMENT #		: .	STREET	T ADDRESS	5000041379855 -05/07/0101021016	
STREET ADORESS CITY-ST-ZIP			CITY-S	ST-ZIP	****158.75 ****158.75	
DOCUMENT #	•		STREET	T ADDRESS		
STREET ADDRESS City-St-Zip			CITY-S	ST-ZIP		
DOCUMENT #			STREET	ADDRESS		
STREET ADDRESS CITY-ST-ZIP		•	CITY-S	ST-ZIP	-1 .	
DOCUMENT #			STREET	ADDRESS		
STREET ADDRESS CITY-ST-ZIP		1	CITY-S	T-ZIP		
indicated	pertify that the information supplied with on this report is true and accurate and t er or trustee empowered to execute this	hat my signature shall have the	e same l	egal effect as if m	ction 119.07(3)(i), Florida Statutes. I further certify that the information lade under oath; that I am a General Partner of the limited partnership or	