

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVAL
AND
FILED

DOCUMENT # A95000001916

1. Entity Name

PEMBROKE PARK WAREHOUSES, LTD.

02 APR 22 PM 3:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

3150 PEMBROKE ROAD
PEMBROKE PARK FL 33009

Mailing Address

3850 HOLLYWOOD BLVD., SUITE 400
HOLLYWOOD FL 33009



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

City & State

4. FEI Number

65-0620851

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

CORNFELD, ROBERT M

THE CORNFELD GROUP

3150 HOLLYWOOD BLVD. #400

HOLLYWOOD FL 33021

Name

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

3850 Hollywood Blvd #400

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

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.

\$10,000.00

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

METZ, HELENE G

3850 HOLLYWOOD BLVD. #400

HOLLYWOOD FL 33021

STREET ADDRESS

CITY-ST-ZIP

800005452200-5

-05/06/02--01028--004

****158.75 ****158.75

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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, TYPED OR PRINTED NAME OF SIGNING OFFICIAL

4/16/02

(954)

989-2200

Date

Daytime Phone #

CR2E003 (9/01)