

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # **A95000001916**

1. Entity Name
PEMBROKE PARK WAREHOUSES, LTD.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JUN 13 AM 10:12

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.

City & State

City & State

DUE BY MAY 1, 2003

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
3850 HOLLYWOOD BLVD. #400
HOLLYWOOD FL 33021**

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

\$10,000.00

10. Amount of Capital Contributions

in FLORIDA to date.

\$10,000.00

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 # **P92000009334**
NAME **PEMBROKE PARK WAREHOUSES HOLDING COMPANY**
STREET ADDRESS **3850 HOLLYWOOD BOULEVARD SUITE 400**
CITY-ST-ZIP **HOLLYWOOD FL 33021**

STREET ADDRESS

CITY-ST-ZIP

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06/13/03--01006--008 **158.75

BLT

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

4/18/03

(954) 989-2200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
Robert M. Cornfeld, President

Date

Daytime Phone #

CR2E003 (10/02)