

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A96000000357**

1. Entity Name

NAPLES WAREHOUSE, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP -8 AM 10:02

Principal Place of Business

4173 DOMESTIC AVE.
C/O AIS REALTY
NAPLES FL 34104

Mailing Address

4173 DOMESTIC AVE.
C/O AIS REALTY
NAPLES FL 34104-7058

2. Principal Place of Business

2930 IMMOKALEE RD. Ste 4

3. Mailing Address

2930 IMMOKALEE RD. Ste 4

Suite, Apt. #, etc.

C/O AIS REALTY

Suite, Apt. #, etc.

C/O AIS Realty

City & State

NAPLES, FL

City & State

NAPLES, FL

Zip

34110

Country

U.S.

Zip

34110

Country

U.S.

4. FEI Number

65-0643967

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SALUAN, ANDREW
4173 DOMESTIC AVE.
NAPLES FL 34104

7. Name and Address of New Registered Agent

Name

SALUAN, ANDREW

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

2930 IMMOKALEE RD.

Suite 4

City

NAPLES

FL

Zip Code

34110

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$180,625.00

10. Amount of Capital Contributions
in FLORIDA to date.

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

DOCUMENT # **P94000008632**
NAME **AJS MANAGEMENT CORP.**
STREET ADDRESS **4173 DOMESTIC AVE.**
CITY - ST - ZIP **NAPLES FL 34104**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

2930 IMMOKALEE RD. Ste 4

CITY - ST - ZIP

NAPLES, FL. 34110

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

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DOCUMENT #

NAME

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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:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

6/20/00

Date

941-596-9500

Daytime Phone #

CR2E003 (9/99)