

**2003 LIMITED PARTNERSHIP  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **A97000000522**

1. Entity Name  
**PLD WARE HOUSE, LTD.**



Principal Place of Business  
**3620 NW 114TH AVENUE  
MIAMI FL 33178**

Mailing Address  
**P.O. BOX 661440  
MIAMI SPRINGS FL 33266**

**FILED**  
**03 FEB 27 AM 10:30**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**DUE BY MAY 1, 2003**

4. FEI Number **65-0736997**

Applied For

Not Applicable

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

**EVANS, JAMES C  
169 E. FLAGLER ST., SUITE 1700  
MIAMI FL 33131**

Name **MICHAEL P. WOODBURY**  
Street Address (P.O. Box Number is Not Acceptable)  
**TWO DATRAN CENTER - PH 1A  
9130 SOUTH DADELAND BLVD.  
City MIAMI FL Zip Code 33156**

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

**2/28/03**

DATE

9. Capital Contributions  
as Shown on record. **\$7,500.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

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 # **P97000010298**  
NAME **PLD HOLDINGS, INC.**  
STREET ADDRESS **3620 NW 114TH AVENUE**  
CITY-ST-ZIP **MIAMI FL 33178**

STREET ADDRESS

CITY-ST-ZIP

**500013163765  
02/27/03--01045--006 \*\*141.25**

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STREET ADDRESS

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: **PHILIPPE DRAY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**2/19/03 305 477-1488X232**

Date

Daytime Phone #

CR2E003 (10/02)