

2001 UNIFORM BUSINESS REPORT (UBR)

0008076 AF

DOCUMENT # **A97000001397**

1. Entity Name

BOYNTON WAREHOUSE, LTD.

FILED

01 APR 27 PM 3:53

SECRETARY OF STATE



DO NOT WRITE IN THIS SPACE

Principal Place of Business
1096 E. NEWPORT CENTER DRIVE, SUITE 100
DEERFIELD BEACH FL 33442

Mailing Address
1096 E. NEWPORT CENTER DRIVE, SUITE 100
DEERFIELD BEACH FL 33442

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0766241

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

BUTTERS, MALCOLM

**1096 E. NEWPORT CENTER DRIVE, SUITE 100
DEERFIELD BEACH FL 33442**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOT Registered Agent signature required when reinstating)

DATE

Malcolm Butters 4/25/01

9. Capital Contributions as Shown on record.

\$361,350.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **P97000033030**
NAME **BOYNTON WAREHOUSING, INC.**
STREET ADDRESS **1096 E. NEWPORT CENTER DRIVE, SUITE 100**
CITY-ST-ZIP **DEERFIELD BEACH FL 33442**

STREET ADDRESS

CITY-ST-ZIP

600004213756--6

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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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Malcolm Butters 4/25/01

Date

Daytime Phone #

CR2E003 (11/00)