

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000001231**

1. Entity Name
NEWPORT WAREHOUSE, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 17 AM 11:43



Principal Place of Business: 1166 WEST NEWPORT CENTER DRIVE, SUITE 118, DEERFIELD BEACH FL 33442
Mailing Address: 1166 WEST NEWPORT CENTER DRIVE, SUITE 118, DEERFIELD BEACH FL 33442-7739

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: *1096 E. Newport Center Drive*
Suite, Apt. #, etc. *Suite 100*
City & State: *Deerfield Beach, FL*

3. Mailing Address: *1096 E. Newport Center Drive*
Suite, Apt. #, etc. *Suite 100*
City & State: *Deerfield Beach, FL*

4. FEI Number **65-0846455** Applied For Not Applicable

City & State: *Deerfield Beach, FL*

Zip *33442* Country *USA* Zip *33442* Country *USA*

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
BUTTERS, MALCOLM
1166 WEST NEWPORT CENTER DRIVE, SUITE 118
DEERFIELD BEACH FL 33442

7. Name and Address of New Registered Agent
Name: *Butters, Malcolm*
Street Address (P.O. Box Number is Not Acceptable): *1096 E. Newport Center Drive*
Suite 100
City: *Deerfield Beach* FL Zip Code: *33442*

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: DATE: *3/27/00*

9. Capital Contributions as Shown on record: **\$1,000.00**
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 #	P98000044329
NAME	NEWPORT WAREHOUSE, INC.
STREET ADDRESS	1166 WEST NEWPORT CENTER DRIVE, SUITE 118
CITY - ST - ZIP	DEERFIELD BEACH FL 33442
DOCUMENT #	P98000044333
NAME	MSY, INC.
STREET ADDRESS	1166 WEST NEWPORT CENTER DRIVE, SUITE 114
CITY - ST - ZIP	DEERFIELD BEACH FL 33442
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	<i>1096 E. Newport Center Dr. Suite 100</i>
CITY - ST - ZIP	<i>Deerfield Beach, FL 33442</i>
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CITY - ST - ZIP	<i>Deerfield Beach, FL 33442</i>
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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 19.07(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** DATE: *3/27/00* DAYTIME PHONE #: *954/570-8111*

CRZE003 (9/99)