

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**

04-27-2000 90067 036 \*\*\*150.00

**DOCUMENT # F96584**

1. Entity Name  
**NATIONAL WAREHOUSE SALES, INC.**

|  |   |
|--|---|
| Principal Place of Business<br>28716 S DIXIE HWY<br>HOMESTEAD FL 33030<br>US | Mailing Address<br>28716 S DIXIE HWY<br>HOMESTEAD FL 33033-1233<br>US |
|--|---|

|  |  |         |         |
|--|--|---------|---------|
| 2. Principal Place of Business<br>Suite, Apt. #, etc.<br>City & State<br>Zip | 3. Mailing Address<br>Suite, Apt. #, etc.<br>City & State<br>Zip | Country | Country |
|--|--|---------|---------|



DO NOT WRITE IN THIS SPACE

|  |   |  |
|--|---|--|
| 4. FEI Number<br><b>59-2214117</b>                           | Applied For<br><input type="checkbox"/> | Not Applicable<br><input type="checkbox"/> |
| 5. Certificate of Status Desired<br><input type="checkbox"/> | <b>\$8.75 Additional Fee Required</b>   |  |

|   |  |
|---|--|
| 6. Name and Address of Current Registered Agent<br><b>HALL, ANGELA<br/>18433 SW 87TH PLACE<br/>MIAMI FL 33157</b> | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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 *Sidonia Russell* *Sidonia Russell* *4/16/2000*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

| 11. OFFICERS AND DIRECTORS              |                                 | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|---|---------------------------------|---|---|
| TITLE<br>P                              | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME<br>RUSSELL, SIDONIA                |                                 | NAME  |   |
| STREET ADDRESS<br>18433 S.W. 87TH PLACE |                                 | STREET ADDRESS  |   |
| CITY-ST-ZIP<br>MIAMI FL 33157           |                                 | CITY-ST-ZIP   |   |
| TITLE<br>ST                             | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME<br>RUSSELL, ANGELA H.              |                                 | NAME  |   |
| STREET ADDRESS<br>18433 SW 87 PLACE     |                                 | STREET ADDRESS  |   |
| CITY-ST-ZIP<br>MIAMI FL 33157           |                                 | CITY-ST-ZIP   |   |
| TITLE                                   | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                    |                                 | NAME  |   |
| STREET ADDRESS                          |                                 | STREET ADDRESS  |   |
| CITY-ST-ZIP                             |                                 | CITY-ST-ZIP   |   |
| TITLE                                   | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                    |                                 | NAME  |   |
| STREET ADDRESS                          |                                 | STREET ADDRESS  |   |
| CITY-ST-ZIP                             |                                 | CITY-ST-ZIP   |   |
| TITLE                                   | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                    |                                 | NAME  |   |
| STREET ADDRESS                          |                                 | STREET ADDRESS  |   |
| CITY-ST-ZIP                             |                                 | CITY-ST-ZIP   |   |

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Sidonia Russell* *Sidonia Russell* *4/16/2000* *(305) 2486707*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

N. W. S.  
28716 S. Dixie Hwy  
Homestead FL 33033

Attachment:  
C0075284  
# F-96584

Uniform Business Report  
DIVISION OF CORPORATIONS  
P. O. Box 1500  
TALLAHASSEE, FL 32302-1500

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