## 2000 UNIFORM BUSINESS REPORT (UBR)

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## Jan 18, 2000 8:00 am Secretary of State DOCUMENT # **J22805** DOWNTOWN WAREHOUSE COMPANY, INCORPORATED 01-18-2000 90085 032 \*\*\*150.00 Mailing Address Principal Place of Business P.O. BOX 02-9010 633 S. FEDERAL HWY FT. LAUDERDALE FL 33302-9010 8TH FLOOR FT. LAUDERDALE FL 33301 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2693946 ئىئى يېتىرىڭ App Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MATTEL, HARVEY Street Address (P.O. Box Number is Not Acceptable) 633 S. FEDERAL HWY **EIGHT FLOOR** FT. LAUDERDALE FL 33301 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition TITLE TITLE Delete BARNES, PHYLLIS NAME NAME 829 SW COCONUT DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT.LAUDERDALE FL ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME BARNES, SEFTON NAME STREET ADDRESS 829 SW COCONUT DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT.LAUDERDALE FL ☐ Change ☐ Addition TITLE ☐ Delete MATTEL.HARVEY K: ---NAME - --NAME STREET ADDRESS 633 S. FEDERAL HWY., 8TH FL STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT.LAUDERDALE FL ☐ Change Addition ☐ Delete TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IF CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete 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 supplimental 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 provided by the corporation or the provided statutes; and that my name appears in Block 11 or Block 12 if

with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Harvey Mattel, Vice President FILED