

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000015186

FILED

1. Entity Name  
INDUSTRIAL WAREHOUSE ASSOCIATES, LLC

01 MAY -2 PM 6:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
2740 NW 112 Ave.  
Miami, FL 33172

2. Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
City & State City & State

DO NOT WRITE IN THIS SPACE

**MJH**

Zip Country Zip Country

4. FEI Number Applied For  
65-1062543 Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Bernardo Kpoel  
2740 NW 112 Ave.  
Miami, FL 33172

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

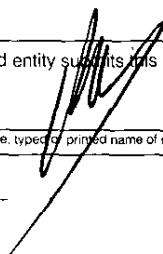
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOT: Registered Agent signature required when reinstating)

DATE



4/24/01

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE *MGR*  Delete  
NAME Bernardo Kopel  
STREET ADDRESS 2740 NW 112 Ave.  
CITY-ST-ZIP Miami, FL 33172

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
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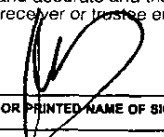
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #



4/24/01

CR2E083 (11/00)