

FILED
Jul 16, 2002 8:00 am
Secretary of State

05-15-2002 90135 017 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000017456

1. Entity Name

57 WAY WAREHOUSE, LLC

Principal Place of Business

633 NORTHEAST 167TH ST., STE. 301
NORTH MIAMI BEACH FL 33162

Mailing Address

633 NORTHEAST 167TH ST., STE. 301
NORTH MIAMI BEACH FL 33162

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-115 2635

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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.

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE NAME
MGRM GAGNON, ANDRE
STREET ADDRESS 633 NORTHEAST 167TH ST., STE. 301
CITY-ST-ZIP NORTH MIAMI BEACH FL 33162 ☐ Delete

TITLE NAME
MGRM GAGNON, FRANCINE
STREET ADDRESS 633 NORTHEAST 167TH ST., STE. 301
CITY-ST-ZIP NORTH MIAMI BEACH FL 33162 ☐ Delete

TITLE NAME
MGRM LANGLOIS, YVES
STREET ADDRESS 633 NORTHEAST 167TH ST., STE. 301
CITY-ST-ZIP NORTH MIAMI BEACH FL 33162 ☐ Delete

TITLE NAME
MGRM LANDLOIS, ANDREE
STREET ADDRESS 633 NORTHEAST 167TH ST., STE. 301
CITY-ST-ZIP NORTH MIAMI BEACH FL 33162 ☐ Delete

TITLE NAME
MGRM COTE, ALAN
STREET ADDRESS 633 NORTHEAST 167TH ST., STE. 301
CITY-ST-ZIP NORTH MIAMI BEACH FL 33162 ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP Vice President ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP President ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP Treasurer ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP Eugene Howard 633 NE 167th Street #301 North Miami Beach, FL 33162 ☐ Change ☒ Addition

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 606, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED Cote

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

4-30-02

Date

(305) 248-3985

Daytime Phone #