

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L73906

1. Entity Name

PALMETTO AND 61ST WAREHOUSE, INC.

Principal Place of Business

% EDWARD W. EASTON
300 GRECO AVE.
CORAL GABLES FL 33146

Mailing Address

% EDWARD W. EASTON
300 GRECO AVE.
CORAL GABLES FL 33146-1811

2. Principal Place of Business

3. Mailing Address

10165 NW 19 STREET

Suite, Apt. #, etc.

10165 NW 19 STREET

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

Country

Zip

Country

33172

33172

6. Name and Address of Current Registered Agent

EASTON, EDWARD W.
300 GRECO AVE.
CORAL GABLES FL 33146

7. Name and Address of New Registered Agent

Name EASTON, EDWARD W.

Street Address (P.O. Box Number is Not Acceptable)

10165 NW 19 STREET

City

MIAMI, FLORIDA

FL

Zip Code

33172

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

Edward W. Easton

04/07/2000

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 D
NAME EASTON, EDWARD W.
STREET ADDRESS 300 GRECO AVE.
CITY-ST-ZIP CORAL GABLES FL

☐ Delete

TITLE
NAME EASTON, EDWARD W.
STREET ADDRESS 10165 NW 19 STREET
CITY-ST-ZIP MIAMI, FLORIDA 33172

☒ Change

☐ Addition

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CITY-ST-ZIP

☐ Change

☐ Addition

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:

Edward W. Easton

04/07/2000

(305) 593-2222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)