

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2002 8:00 am**  
**Secretary of State**

02-05-2002 90061 047 \*\*\*\*\*50.00

**DOCUMENT # L95000000119**

1. Entity Name

**WAREHOUSE ASSOCIATES #1, L.C.**

Principal Place of Business

**4834 SOUTHWEST 75TH AVE.  
 MIAMI FL 33155**

Mailing Address

**4834 SOUTHWEST 75TH AVE.  
 MIAMI FL 33155**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0558788**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**CALDERON, JACK  
 4834 SW 75TH AVENUE  
 MIAMI FL 33155**

7. Name and Address of New Registered Agent

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 reinstating)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE ☐ Delete  
 NAME **MGR**  
 STREET ADDRESS **DIAMOND, DAVID T**  
 CITY-ST-ZIP **1942 WILLIAMSBURG RD.  
 BRONX NY 10461**

TITLE ☐ Delete  
 NAME **MEM**  
 STREET ADDRESS **DIAMOND ENTERPRISES**  
 CITY-ST-ZIP **4834 SOUTHWEST 75TH AVE.  
 MIAMI FL**

TITLE ☐ Delete  
 NAME **MEM**  
 STREET ADDRESS **FOUR ROSES REALTY, CO.**  
 CITY-ST-ZIP **4834 SOUTHWEST 75TH AVE.  
 MIAMI FL**

TITLE ☐ Delete  
 NAME **MEM**  
 STREET ADDRESS **MALSCHICK, ELSIE**  
 CITY-ST-ZIP **4834 SOUTHWEST 75TH AVE.  
 MIAMI FL**

TITLE ☐ Delete  
 NAME **MEM**  
 STREET ADDRESS **MALSCHICK, JUDY**  
 CITY-ST-ZIP **4834 SOUTHWEST 75TH AVE.  
 MIAMI FL**

TITLE ☐ Delete  
 NAME **MEM**  
 STREET ADDRESS **COHEN, GARY P**  
 CITY-ST-ZIP **4834 SOUTHWEST 75TH AVE.  
 MIAMI FL**

10. ADDITIONS/CHANGES

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

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

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

TITLE ☐ Change ☐ Addition  
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 CITY-ST-ZIP

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

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

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 #

**1/28/02 (718) 863-2300**

CR2E083 (9/01)

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