2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED

00 APR 29 AM 9:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # L99000000651

1. Entity Name
WAREHOUSE 38, L.C.

Principal Place of Business
7031 PARKLANE ROAD
LAKE WORTH FL 33467

Mailing Address
7031 PARKLANE ROAD
LAKE WORTH FL 33467-6730

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 65-0891974 | Applied For | Not Applicable

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

6. Name and Address of Current Registered Agent
MOMBACH, GEOFFREY S ESQ
MOMBACH BOYLE & HARDIN, P.A.
500 EAST BROWARD BOULEVARD, SUITE 1950
FORT LAUDERDALE FL 33394

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

9. MANAGING MEMBERS / MEMBERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete
MGRM BILOWIT, FRED 7031 PARKLANE ROAD LAKE WORTH FL 33467	

10. ADDITIONS / CHANGES

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

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*****50.00 ☒ 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 608, Florida Statutes.

SIGNATURE: SIGNATURE REQUIRED 4-5-00 561-689-2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #