

2001 UNIFORM BUSINESS REPORT (UBR)

0015607 AF

DOCUMENT # **L99000000651**

1. Entity Name
WAREHOUSE 38, L.C.

FILED

2001 APR 20 AM 11:21

**DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA**



Principal Place of Business
**7031 PARKLANE ROAD
LAKE WORTH FL 33467**

Mailing Address
**7031 PARKLANE ROAD
LAKE WORTH FL 33467**

2. Principal Place of Business
12539 Acme Dairy rd
Suite, Apt. #, etc.

3. Mailing Address
12539 Acme Dairy rd
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Boyton Beach FLA

City & State
Boyton Beach FLA

4. FEI Number **65-0891974**

Applied For
Not Applicable

Zip **33437** Country **USA**

Zip **33437** Country **USA**

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

**MOMBACH, GEOFFREY S ESQ
MOMBACH BOYLE & HARDIN, P.A.
500 EAST BROWARD BOULEVARD, SUITE 1950
FORT LAUDERDALE FL 33394**

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 _____ (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 Delete

10. ADDITIONS/CHANGES Change Addition

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

TITLE NAME **MGRM Biowitz, Fred**
STREET ADDRESS **12539 Acme Dairy rd**
CITY-ST-ZIP **Boyton Beach, FLA 33437**

TITLE NAME Delete

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition
**700004085857--6
-04/27/01--01082--009
*****50.00 *****50.00**

TITLE NAME Delete

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME 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** Date **4/14/01** Daytime Phone # **561-642-2221**

CR2E083 (1/00)