

2000 UNIFORM BUSINESS REPORT (UBR)

L99000008799

DOCUMENT #

1. Entity Name

128TH STREET WAREHOUSE, LLC

APPROVED
AND
FILED

00 MAY 18 AM 10:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

4590 N.W. 128 ST. RD
OPA-LOCKA, FL 33054

Mailing Address

4851 N.W. 128 ST. RD
MIAMI, FL 33054

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

65-0974633

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THOMAS MC CANN
4851 N. W. 128 STREET ROAD
MIAMI, FL 33054

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

10.

ADDITIONS/CHANGES

TITLE NAME **MGRM** ☐ Delete
STREET ADDRESS AMERICAN THERMOPLASTIC EXT.CO.
CITY-ST-ZIP 4851 N. W. 128 ST. RD
MIAMI, FL 33054

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

800003285348 ☐ Change ☐ Addition
-06/12/00--01113--024
*****50.00 *****50.00

TITLE NAME **M** ☐ Delete
STREET ADDRESS JOHN ZIGLER
CITY-ST-ZIP 4851 N. W. 128 ST. RD
MIAMI, FL 33054

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME **M** ☐ Delete
STREET ADDRESS DARIO ARBELAEZ
CITY-ST-ZIP 4851 N. W. 128 ST. RD
MIAMI, FL 33054

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ 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:

Handwritten Signature
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4/24/2000 305-769-9866