LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M02000003478

1. Entity Name

FORT PIERCE WAREHOUSE GROUP, L.L.C.



FILED Mar 07, 2003 8:00 am Secretary of State

03-07-2003 90015 023 ****50.00

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2. Principal F	Place of Business	3. Mailing Addres	S		粗 琼	
	DWARDS ROAD	5801 N. C	ONGRESS AVI	ENUE		
Suite, Apt.	#, etc.	Suite, Apt. #, etc SUITE #20			DO NOT WRITE IN THIS SPA	ACE
City & Stat		City & State			4. FEI Number	Applied For
	IERCE, FL	BOCA RATO			31-0132347	Not Applicable
Zip 32950	Country	Zip	Country	NT 4 6757		5.00 Additional
32930	ST. LUCIE	<u> 33487</u>	PALM F	SKACH	7. Name and Address of Current Registered A	e Required
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	DO NOT W	RITE		GEOFFR	EY MOMBACH (MOMBACH, BOYLE &	HARDIN, PA)
			· S	"500°E:	S BROWARD BEIVE Acceptable)	
	IN THIS SE	'ALE				
•	la di candida anti-anti-anti-anti-anti-anti-anti-anti-			SUITE	1	7:- 0- 1-
				ity FT. LA l	UDERDALE FL	Zip Code 33319
8. The above	named entity submits this statement for	or the purpose of chang	ging its registered of	ffice or regist	tered agent, or both, in the State of Florida. I am fami	liar with, and accept
the obligati	ions of registered agent.					
SIGNATURE .						
JIGNATORE 1	Signature, typed or printed name of registered agent	and title if applicable.			DATE	
			FEE IS \$50	0.00		
		Make Check I	Payable to Florid	a Departn	nent of State	
			DUE BY MA	4Y 1		
9.	MANAGING MEMBI	ERS/MANAGERS				
THTLE	MANAGING MEMBER		THE		and the company of th	(02)
NAME	FRED BILOWIT 5801 N. CONGRESS AV	7EMITE	NAME			12
STREET ADDRESS CITY-ST-ZIP	BOCA RATON, FL 334		STREET AD	Andrew Telling Street	An induction of the contract of the $(0,1)$	38
			CITY-ST-Z	IP		CRZE083B (1202
TITLE NAME	MEMBER		TITLE			2
STREET ADDRESS	ISRAEL SZMIGA		NAME Street add	norge		0
CITY-ST-ZIP	5801 NATONGRESS 348	ENUE	CITY-ST-Z	STATE OF THE PROPERTY OF		
TITLE			TITLE			
NAME	MEMBER		NAME			
STREET ADDRESS	STEVE WOLF	-	STREET ADD	DRESS	DO WOT WOIT	_
CITY-ST-ZIP _	5801 N. CONGRESS AV		CITY-ST-ZI	P	DO NOT WRITI	
TITLE	BOCA RATON, FL 3348)/	TITLE		IN THIS SPACE	_
NAME			NAME.		IN THIS STACE	Ξ .
STREET ADDRESS			STREET AD			
CITY-ST-ZIP			CITY-ST-2	P		
TITLE			TITLE			
NAME STREET ADDRESS			NAME	varon.		
CITY-ST-ZIP			STREET ADD			
TITLE			Transportation and the second			
NAME			TITLE NAME			
STREET ADDRESS			STREET ADD	ana Wasii a a		
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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 eath; that I am a managing member or manager of the limited liability company or the receiver trustee employered 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

7/18/03

810-9402