## 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M96726  1. Entity Name  FLORANADA WAREHOUSE AND STORAGE, INC.					FILED Mar 21, 2000 8:00 am Secretary of State		
FLUHAN	ANA MAHEHOOSE AND STOR	AGE, INC.		}	_	y O1 Stat 74 001 ***150.00	
Principal Plac	e of Business	Mailing Address	Mailing Address				
1100 NE 45TH ST FT LAUDERDALE FL 33334		1100 NE 45TH ST FT LAUDERDALE FL 33334-3814				٠	
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE	IN THIS SPACE	
City & State		City & State		4.	El Number 65-0072882		oplied For of Applicable
Zip Country		Zip Country		5. (	Certificate of Status Desired	\$8.75 Add	ditional
	6. Name and Address of Current Re	egistered Agent		7, 1	Name and Address of New Rec		
			Name_				
	schle, Jay I ne 45th street		Street Address		lox Number is Not Acceptable)		
FT L	AUDERDALE FL 33334			<u> </u>			
			City	FL Zip Code			le
Tax filing r	Signature, typed or printed name of registered agent and praction is eligible to satisfy its Intangible equirement and elects to do so.	FILE NOW!! After MAY 1, 200 Make Check Payabl	e to Department	00 50.00 of State	10. Election Campaign Finar Trust Fund Contribution.	Adde	00 May Be
11.	OFFICERS AND D		12,	AC	DOITIONS/CHANGES TO OFFIC	ERS AND DIRECTOR  Change	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEUSCHLE, JAY B. 1100 NE 45TH STREET FT LAUDERDALE FL 33334	□ Delete	TITLE NAME STREET ADDRESS CITY-SY-ZIP			Cildings	Z
TITLE NAME STREET ADDRESS GITY-ST-ZIP	VD SHAMBURGER, JULIE D 14088 STATE HWY. 180 GULF SHORES FL 36542	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CECERE, JESSICA D 204 GASTON COURT BOYNTON BEACH FL 33436	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE	TD DEUSCHLE, JEFFERY C 14088 STATE HWY. 180 GULF SHORES FL 36542	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		E 45th Street	€ Change	☐ Addition
ST-ZIP	40E 51701E51E 5501E	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	130	ductually is	☐ Change	☐ Addition
- L. ADDRESS ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
indicated of the cor	certify that the information supplied with the on this report or supplemental report is the poration or the receiver or trustee empowers on a stackment with an address.	rue and accurate and that ma vered to execute this report a	v signaturo shall h	ave the same.	legal effect as if made under oa	th: that I am an office	r or director

TURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DEL Date Daytime Phone \*