

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000041562**

1. Entity Name

WAREHOUSES INTERNATIONAL CORPORATION**FILED**
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90181 037 ***150.00

L0012313



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

**10040 SW 2ND STREET
PLANTATION FL 33324****10040 SW 2ND STREET
PLANTATION FL 33324**

2. Principal Place of Business

10040 SW 2ND ST

3. Mailing Address

10040 SW 2ND ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE, FL.

City & State

PLANTATION, FL.

4. FEI Number

65-1002451

Applied For

Not Applicable

Zip

33324

Country

U.S.A.

Zip

33324

Country

U.S.A.5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MOGERMAN, RICHARD M ESQ.
150 S. PINE ISLAND RD.
SUITE 130
PLANTATION FL 33324**

Name

IRWIN R. MOGERMAN

Street Address (P.O. Box Number is Not Acceptable)

10040 SW 2ND ST.**PLANTATION, FL.**

City

FL

Zip Code

33324

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PD	MOGERMAN, IRWIN R	10040 SW 2ND STREET	PLANTATION FL 33324	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

IRWIN R. MOGERMAN PRES

Date

Daytime Phone #

954-474-4432

CR2E034 (10/00)