

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 21, 2003 8:00 am**  
**Secretary of State**

03-21-2003 90115 025 \*\*\*150.00

DOCUMENT # **P00000054119**



1. Entity Name  
**WARWICK INVESTMENTS, INC.**

Principal Place of Business  
**3020 NE 32RD AVE  
#524  
FT.LAUDERDALE FL 33308**

Mailing Address  
**3020 NE 32RD AVE  
#524  
FT.LAUDERDALE FL 33308**



2. Principal Place of Business  
**871 W. Oakland Park Blvd.  
Suite, Apt. #, etc.  
#201**

3. Mailing Address  
**871 W. Oakland Park Blvd.  
Suite, Apt. #, etc.  
#201**

CHECK HERE IF MAKING CHANGES

City & State  
**Ft. Lauderdale, FL**  
Zip  
**33311**  
Country  
**USA**

City & State  
**Ft. Lauderdale, FL**  
Zip  
**33311**  
Country  
**USA**

4. FEI Number **65-1015348** Applied For  
 Not Applicable

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**

**MARSH, KENNETH  
3020 NE 32ND AVE #524  
FT.LAUDERDALE FL 33308** } *change to above address*

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Nicole F. Desposito V.P* DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MARSH, KENNETH</b> <b>3020 NE 32ND AVE #524</b> <b>FT.LAUDERDALE FL 33308</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>DESPOSITO, NICOLE</b> <b>3020 NE 32ND AVE</b> <b>FT.LAUDERDALE FL 33308</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Nicole F. Desposito* **REQUIRED** DATE: **03/18/03** DAYTIME PHONE #: **9545672256**

CR2E034 (10/02)