

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90005 035 ***150.00

DOCUMENT # P94000047332

1. Entity Name
OPA LOCKA WAREHOUSE, INC.

Principal Place of Business 4381 S.W. 100TH TERR. DAVIE FL 33328	Mailing Address P.O. BOX 540528 OPA LOCKA FL 33054-0528 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3300 SW 117 AVENUE	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State DAVIE, FL	City & State
Zip 33330	Country

4. FEI Number 65-0506915	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CARR, JOY ESO
1000 PONCE DE LEON
#320
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. 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	DPVS DESSBERG, VICTOR 4381 S.W. 100 TERR. DAVIE FL 33328 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3300 SW 117 AVENUE DAVIE, FL 33330 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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CR2E034 (9/97)

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: VICTOR R. DESSBERG 2-23-00 305-389-1286
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #