


FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90283 029 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P94000054070

1. Entity Name
 N.W. 5TH AVENUE WAREHOUSE, INC.



90066222

Principal Place of Business
 2800 NW 26 CT
 FORT LAUDERDALE, FL 33306 US

Mailing Address
 2800 NW 26 CT
 FORT LAUDERDALE, FL 33306 US

2. Principal Place of Business
 824 SE 6 Street
 Suite, Apt. #, etc.

3. Mailing Address
 824 SE 6 Street
 Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State
 Fort Lauderdale FL

City & State
 Fort Lauderdale FL

Zip
 33301

Country
 USA

4. FEI Number
 65-0509139

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BERGER, JAMES L
 350 E LAS OLAS BLVD
 SUITE 1000
 FORT LAUDERDALE, FL 33301

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when applying)

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 D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BERGER, LLOYD		NAME	
STREET ADDRESS 2800 NE 26 CT		STREET ADDRESS	
CITY-ST-ZIP FORT LAUDERDALE, FL 33306		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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: Lloyd C. Berger Date: 03-18-03 Daytime Phone #: 954-742-3010

CR2E034 (10/02)