2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # **P94000080190** May 22, 2000 8:00 am 1. Entity Name Secretary of State WAREHOUSE PROPERTIES OF MIAMI, INC. 05-22-2000 90017 005 ***150.00 Principal Place of Business Mailing Address 11317 SW 111TH ST 11317 SW 111TH ST MIAMI FL 33176-3289 MIAMI FL 33176 3. Mailing Address 2. Principal Place of Business 840 W. 20"St 840 W. 20"5" Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt, #, etc. Applied For 4. FEI Number City & State City & State 65-0531074 HIALEAH, FL HIALEAH, FL Not Applicable Zip 33010 \$8.75 Additional Country 5. Certificate of Status Desired 33010 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent _DALMAU, SERGIO P. DALMAU, SERGIO P Street Address (P.O. Box Number is Not Acceptable) 11317 SW 111TH ST 10563 SW 129th Ct. **MIAMI FL 33176** 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. SERGIO P.DALMAU SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ŊΡ TITLE ΙDΡ Delete DALMAU, SERGIO P DALMAU, SERGIO P NAME NAME 10565 SW 129 CT STREET ADDRESS STREET ADDRESS 11317 SW 111TH ST MIAMI, FL 33186 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33176 ☐ Addition Delete TITLE TITLE DALMAU, SERGIOA. DALMAU, SERGIO A NAME 10565 SW 129 CT. STREET ADDRESS STREET ADDRESS 11317 S.W. 111 ST MIAMI, FL 33186 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33176 ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

AND DIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR