

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90007 002 ***150.00

DOCUMENT # P95000045201

1. Entity Name
WAREHOUSE INVESTMENT GROUP, INC.

Principal Place of Business
8433 W OKEECHOBEE ROAD
HIALEAH GARDENS FL 33016
US

Mailing Address
8433 W OKEECHOBEE ROAD
HIALEAH GARDENS FL 33016
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0653831**

Applied For
 Not Applicable

Zip Country

Zip Country

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

~~HILLMAN MAYNARD J~~
~~8433 W OKEECHOBEE ROAD~~
~~HIALEAH GARDENS FL 33016~~

Name **Pablo J Valdes**
 Street Address (P.O. Box Number is Not Acceptable)
8433 W. Okeechobee Rd
 City **Hialeah Gardens** **FL** Zip Code **33016**

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 _____ (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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	D HILLMAN MAYNARD J	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	8433 W OKEECHOBEE ROAD	
CITY-ST-ZIP	HIALEAH GARDENS FL 33016	
TITLE NAME	PS VALDES, PABLO J	<input type="checkbox"/> Delete
STREET ADDRESS	8433 W OKEECHOBEE RD	
CITY-ST-ZIP	HIALEAH GARDENS FL 33016	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this report does not qualify for the exemption stated in Section 119.07(3)(l), 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 REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/02 **(305) 822-8000**
 Date Daytime Phone #

CR2E034 (9/01)