

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90055 026 ***150.00

DOCUMENT # P95000071573

1. Entity Name

EWE WAREHOUSE INVESTMENTS, INC.

Principal Place of Business

Mailing Address

**300 GRECO AVE
CORAL GABLES FL 33146****300 GRECO AVE
CORAL GABLES FL 33146-1811**

11076560



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

10165 NW 19 STREET**10165 NW 19 STREET**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MIAMI, FLORIDA**MIAMI, FLORIDA**

Zip

Country

Zip

Country

33172**33172**

4. FEI Number

65-0614848

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

Name

EASTON, EDWARD W.

Street Address (P.O. Box Number is Not Acceptable)

10165 NW 19 STREET

City

MIAMI, FLORIDA**FL**Zip Code
33172**EASTON, EDWARD W
300 GRECO AVE
CORAL GABLES FL 33146**

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

Edward W. Easton**04/07/2000**

Signature, typed or printed name of registered agent and title if applicable.

(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, 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	Change	Addition
<input type="checkbox"/> Delete	D	EASTON, EDWARD W	300 GRECO AVE CORAL GABLES FL 33146	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Delete	D	EASTON, EDWARD J	300 GRECO AVE CORAL GABLES FL 33146	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Delete				<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Delete				<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Delete				<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Delete				<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Delete				<input type="checkbox"/>	<input type="checkbox"/>

CP2E034 (9/99)

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:

Edward W. Easton**04/07/2000****(305) 593-2222**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #