

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2001 8:00 am**  
**Secretary of State**

05-22-2001 90633 035 \*\*\*158.75

**DOCUMENT # P96000000439**

1. Entity Name

Muldoon Warehouse I, Inc.

Principal Place of Business	Mailing Address
1384 West McNab Road Fort Lauderdale, FL 33309	399 NW 2nd Avenue Boca Raton, FL 33432

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		11224 Yellow Legs Landing	
City & State		City & State	
Lake Worth, FL		Lake Worth, FL	
Zip	Country	Zip	Country
33467		33467	

**C0069415**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
Glasser, Gene K Esq. Abrams, Anton, Robbins, Resnick & Schneider 2021 Tyler Street Hollywood, FL 33022		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

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, 2001 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	PS	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Riesgo, Catherine	NAME	
STREET ADDRESS	1384 West McNab Road	STREET ADDRESS	11224 Yellow Legs Landing
CITY - ST - ZIP	Fort Lauderdale, FL 33309	CITY - ST - ZIP	Lake Worth, FL 33467
TITLE	VP	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Muldoon, Timothy J	NAME	
STREET ADDRESS	1384 West McNab Road	STREET ADDRESS	
CITY - ST - ZIP	Fort Lauderdale, FL 33309	CITY - ST - ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #