## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF

## FILED DOCUMENT # **P98000008923** Apr 18, 2000 8:00 am Secretary of State PORT 95 WAREHOUSE, INC. 04-18-2000 90213 044 \*\*\*150.00 Principal Place of Business Mailing Address -1166 W. NEWPORT CENTER-DR: SUITE-118 1180 W-NEWPORT CENTER DR., SUITE-118 DEERFIELD BEACH FL 33442-7739 DEERFIELD BEACH FL 33442 3. Mailing Address 2. Principal Place of Business Center Drive 1096 E. Newport Center Drive 1096 E. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 100 100 Applied For City & State 4. FEI Number Beach 65-0824406 Not Applicable Country USA \$8.75 Additional П 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Sutters Malcolm **BUTTERS, MALCOLM** Street Address (P.O. Box Number is Not Acceptable) -1106 W. NEWPORT-CENTER DR., SUITE-118 **DEERFIELD BEACH FL 33442** registered office or registered agent, or both, in the State of Florida 8. The above named entity submits this statement for (NOTE: Registered Agent signature required when reinstating) ALE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Delete TITLE TITLE BUTTERS, MALCOLM NAME 1096 E. Newport Center Drive, #100 Deerfield Beach, FL 33442 STREET ADDRESS 1166 W. NEWPORT CENTER DR.; SUITE-118 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **DEERFIELD BEACH FL 33442** Delete TITI F BUTTERS, MARK NAME 1096 E. Newport Center Drive \$100 Deerfield Beach FL 33442 STREET ADDRESS 1166-W: NEWPORT-CENTER-DR.: SUITE-118 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF DEERFIELD BEACH FL 33442 Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Change Addition TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IF ☐ Change Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE 13. I hereby certify that the information supplied with this filing does not qualindicated on this report or supplemental report is true and accurate a part or the exempti on stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information ny signature shall have the same legal effect as if made under oath; that I am an officer or director as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if my signature of the corporation or the receiver or trustee empowered to exchanged, or on an attachment with an address, with all other SIGNATURE: