

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 25, 2000 8:00 am**  
**Secretary of State**

04-25-2000 90055 031 \*\*\*150.00

**DOCUMENT # P98000033183**

1. Entity Name  
**EWE WAREHOUSE INVESTMENTS III, INC.**

Principal Place of Business <b>300 GRECO AVE.          CORAL GABLES FL 33146</b>	Mailing Address <b>300 GRECO AVE.          CORAL GABLES FL 33146-1811</b>
---	--

00010000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>10165 NW 19 STREET</b> Suite, Apt. #, etc.	3. Mailing Address <b>10165 NW 19 STREET</b> Suite, Apt. #, etc.
--	--

City & State <b>MIAMI, FLORIDA</b>	City & State <b>MIAMI, FLORIDA</b>
---------------------------------------	---------------------------------------

4. FEI Number <b>65-0835124</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

Zip <b>33172</b>	Country	Zip <b>33172</b>	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
---------------------	---------	---------------------	---------	--

**6. Name and Address of Current Registered Agent**

**CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301-2525**

**7. Name and Address of New Registered Agent**

Name <b>EDWARD W. EASTON</b>
Street Address (P.O. Box Number is Not Acceptable)
City <b>MIAMI, FLORIDA FL</b>
Zip Code <b>33172</b>

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**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>EASTON, EDWARD W</b> <b>300 GRECO AVE.</b> <b>CORAL GABLES FL 33146</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>EASTON, EDWARD W.</b> <b>10165 NW 19 STREET</b> <b>MIAMI, FLORIDA 33172</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>EASTON, EDWARD J</b> <b>300 GRECO AVE.</b> <b>CORAL GABLES FL 33146</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>EASTON, EDWARD J.</b> <b>10165 NW 19 STREET</b> <b>MIAMI, FLORIDA 33172</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 #

CR2E034 (9/99)