

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000094381

1. Entity Name

WAREHOUSE ENTERPRISES, INC.

FILED

May 10, 2001 8:00 am
Secretary of State

05-10-2001 90082 027 ***150.00

Principal Place of Business

3001 N 29TH AVE
HOLLYWOOD FL 33020
US

Mailing Address

18506 NE 5TH AVE
N MIAMI BEACH FL 33179
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0881096

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

DRAUDT, ERIC
4051 SR 102NE AVENUE
DAVIE FL 33328

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 VDTD
NAME COHEN, JACOB
STREET ADDRESS 21300 NORTHEAST 20TH AVENUE
CITY-ST-ZIP NORTH MIAMI BEACH FL 33179 ☐ Delete

TITLE VDTD
NAME COHEN, JACOB
STREET ADDRESS 455 SUNSET DRIVE
CITY-ST-ZIP HALLANDALE, FL 33009 ☒ Change ☐ Addition

TITLE PD
NAME REINER, PAUL B
STREET ADDRESS 3530 NORTH 55TH AVENUE
CITY-ST-ZIP HOLLYWOOD FL 33021 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD
NAME REINER, JACQUELINE A
STREET ADDRESS 3530 NORTH 55TH AVENUE
CITY-ST-ZIP HOLLYWOOD FL 33021 ☐ Delete

TITLE SD
NAME REINER, JACQUELINE A
STREET ADDRESS 3530 NORTH 55 AVE
CITY-ST-ZIP HOLLYWOOD, FL 33021 ☒ Change ☐ Addition

TITLE TD
NAME COHEN, SUSAN
STREET ADDRESS 21300 N.E. 20TH AVENUE
CITY-ST-ZIP NORTH MIAMI BEACH FL 33179 ☐ Delete

TITLE TD
NAME COHEN, SUSAN
STREET ADDRESS 455 SUNSET DRIVE
CITY-ST-ZIP HALLANDALE, FL 33009 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 #

CR2E034 (10/00)