

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90391 034 ***150.00

DOCUMENT # P98000094381

1. Entity Name
WAREHOUSE ENTERPRISES, INC.



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

4. FEI Number **65-0881096**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75-Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

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

JACOB COHEN

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

455 SUNSET DR.

City

HALLANDALE

FL

Zip Code

33009

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

☒ Change ☐ Addition
NAME **455 SUNSET DRIVE**
STREET ADDRESS **HALLANDALE, FL**
CITY-ST-ZIP **33009**

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

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

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

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

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

☒ Change ☐ Addition
NAME **455 SUNSET DRIVE**
STREET ADDRESS **HALLANDALE, FL**
CITY-ST-ZIP **33009**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-28-03

Date **305-83-2744**

CR2E034 (10/02)