

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90127 048 ***150.00

DOCUMENT # P99000003926

1. Entity Name
U.S. 1 WAREHOUSE, INC.



Principal Place of Business
8200 NW 58TH ST
MIAMI FL 33166-3407

Mailing Address
8200 NW 58TH ST
CORAL GABLES FL 33146



2. Principal Place of Business

3. Mailing Address

8200 NW 58TH ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

City & State

MIAMI FL

4. FEI Number 65-0895790

Applied For

Not Applicable

Zip

Country

Zip

Country

33166-3407

USA

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

MORETTI, JOSEPH
401 LEUCADENDRA DR
CORAL GABLES FL 33156

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. 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 D ☐ Delete
NAME MORETTI, JOSEPH G JR.
STREET ADDRESS 401 LEUCADENDRA DR
CITY-ST-ZIP CORAL GABLES FL 33146

TITLE PTD ☒ Change ☐ Addition
NAME } SAME
STREET ADDRESS }
CITY-ST-ZIP ZIP CODE CHANGES to 33156

TITLE D ☐ Delete
NAME MORETTI, PATRICIA A
STREET ADDRESS 401 LEUCADENDRA DR
CITY-ST-ZIP CORAL GABLES FL 33146

TITLE SD ☒ Change ☐ Addition
NAME } SAME
STREET ADDRESS }
CITY-ST-ZIP ZIP CODE CHANGES to 33156

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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:

Joseph G. Moretti Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/03
Date

305-592-5220
Daytime Phone #

CR2E034 (10/02)