

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000011022

1. Entity Name

NORTH OPA LOCKA WAREHOUSE, INC.

Principal Place of Business

3300 S.W. 117 AVENUE
DAVIE FL 33330

Mailing Address

3300 S.W. 117 AVENUE
DAVIE FL 33330

2. Principal Place of Business

3. Mailing Address

P.O. BOX 540528

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OPA LOCKA, FL 33054-0528

Zip

Country

Zip

Country

4. FEI Number 65-0893826

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

BADINI, RAYMOND E
6401 S.W. 87 AVENUE
SUITE #102
MIAMI FL 33173

Name

JOY CARR ESO.

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

1000 PONCE DE LEON BLVD

SUITE 320

City

CORAL GABLES

FL

Zip Code
33134

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
NAME
STREET ADDRESS
CITY - ST - ZIP
DPTS
DESSBERG, VICTOR
3300 S.W. 117 AVENUE
DAVIE FL 33330

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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 #

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90591 037 ***150.00

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DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)