

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

04-25-2000 90055 030 \*\*\*150.00

**DOCUMENT # P99000032380**

1. Entity Name

**EWE WAREHOUSE INVESTMENTS V, INC.** ✓

Principal Place of Business

Mailing Address

**300 GRECO AVENUE  
 CORAL GABLES FL 33146**

**300 GRECO AVENUE  
 CORAL GABLES FL 33146-1811**

2. Principal Place of Business

3. Mailing Address

**10165 NW 19 STREET**  
 Suite, Apt. #, etc.

**10165 NW 19 STREET**  
 Suite, Apt. #, etc.

City & State

**MIAMI, FLORIDA**

City & State

**MIAMI, FLORIDA**

4. FEI Number

**65-0926439**

Applied For

Not Applicable

Zip

**33172**

Country

Zip

**33172**

Country

5. Certificate of Status Desired

**\$8.75 Additional  
 Fee Required**



DO NOT WRITE IN THIS SPACE

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

**EDWARD W. EASTON**

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

**10165 NW 19 STREET**

City

**MIAMI, FLORIDA**

**FL**

Zip Code

**33172**

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**

DATE

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

(NOTE: Registered Agent signature required when reinstating)

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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>EASTON, EDWARD W</b>	
STREET ADDRESS	<b>300 GRECO AVENUE</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL 33146</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>EASTON, EDWARD J</b>	
STREET ADDRESS	<b>300 GRECO AVENUE</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL 33146</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EASTON, EDWARD W.</b>	
STREET ADDRESS	<b>10165 NW 19 STREET</b>	
CITY-ST-ZIP	<b>MIAMI, FLORIDA 33172</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EASTON, EDWARD J.</b>	
STREET ADDRESS	<b>10165 NW 19 STREET</b>	
CITY-ST-ZIP	<b>MIAMI, FLORIDA 33172</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (9/99)

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:

**Edward W. Easton**

**04/07/2000**

**(305) 593-2222**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #