20%1 UNIFORM BUSINESS REPORT (UBR)

1. Entity Name EWE WHAREHOUSESINVESTMENTS VI, INC. Principal Place of Business Mailing Address

FILED May 22, 2001 8:00 am Secretary of State 05-22-2001 90036 024 ***158.75

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Some and Address of Current Registered Agent Some and Address of Current Registered Agent Some and Address of New Registered Agent Street Address (PC) Box Number is Not Acceptable) 10165 NW 19 STREET City IT IN above named entry submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. 10165 NW 19 STREET City IT IN above named entry submits this statement for the purpose of changing its registered agent or the state of Florida. 10165 NW 19 STREET City IT IN AMAIL IT IN STREET Determine on back) OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 13 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 14 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 15 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 16 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 IT IN AMAIL IN AMAIL IN AMAIL IN ADDITIONS CONTROLLED AND AD							55-0960801		 _	
6. Name and Address of Current Registered Agent Name EDWARD W. EASTON	•		I '		•	5.	Certificate of Status Desired			
Name	<u> 33172</u>			MIAM.	I-DADE	<u>_</u>	Name and Address of New Po			
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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 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/20/2001

(305) 593-2252 Daytime Phone #