

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S68160

1. Entity Name

WAREHOUSE 99 OF MIAMI, INC.

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

04-25-2000 90131 023 ***150.00

Principal Place of Business

Mailing Address

5445 NW 161 ST
 MIAMI FL 33014
 US

5445 NW 161 ST
 MIAMI FL 33014-6101
 US

2. Principal Place of Business

3. Mailing Address

16725 NW 20TH AVE.
 Suite, Apt. #, etc.

16725 NW 20TH AVE.
 Suite, Apt. #, etc.

City & State

City & State

MIAMI, FL

MIAMI, FL

Zip 33056

Country U.S.

Zip 33056

Country U.S.



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0276010

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

GACHE, RONALD
 400 AUSTRALIAN AVE S. STE 500
 WPB FL 33401

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.

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, 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 PD Delete
 NAME GOLDMAN, MARTIN
 STREET ADDRESS 16502 NORTHWEST 54TH AVE
 CITY-ST-ZIP MIAMI LAKES FL

TITLE Change Addition
 NAME
 STREET ADDRESS 16725 NW 20TH AVE.
 CITY-ST-ZIP MIAMI, FL 33056

TITLE VD Delete
 NAME HABER, KENNETH
 STREET ADDRESS 16502 NORTHWEST 54TH AVE
 CITY-ST-ZIP MIAMI LAKES FL

TITLE Change Addition
 NAME
 STREET ADDRESS 16725 NW 20TH AVE.
 CITY-ST-ZIP MIAMI, FL 33056

TITLE SD Delete
 NAME GOLDMAN, SHERRI
 STREET ADDRESS 16502 NORTHWEST 54TH AVE
 CITY-ST-ZIP MIAMI LAKES FL

TITLE Change Addition
 NAME GOLDMAN, SHERI
 STREET ADDRESS 16725 NW 20TH AVE.
 CITY-ST-ZIP MIAMI, FL 33056

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

Sherry Goldman / Sherry Goldman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/00

Date

305-621-6889

Daytime Phone #

CR2E034 (9/99)