## **2000 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # A9700000754  1. Entity Name					FILED	
NORTH BROWARD PREPARATORY SCHOOLS, LTD.				Siyid Siyid	FILED CRETARY OF STATE IGN OF CORPORATIONS	
Principal Place of Business  1600 WEST COMMERCIAL BLVD.  FORT LAUDERDALE FL 33309  Mailing Address  1600 WEST COMMERCIAL BLVD.  FORT LAUDERDALE FL 33309  FORT LAUDERDALE FL 3330				00 /	IPR 24 AM 3: 05	
2. Principal Place of Business 3. Mailing		3. Mailing Address	lailing Address		I (18618)) 1919 1911 (1891 1891) 1891) 1891) 1991 1991 1991 19	
Suite, Apt. #, etc. Suite, Apt. #, etc.		Suite, Apt. #, etc.		<del></del>	DO NOT WRITE IN THIS SPACE	
City & State . City & St		City & State			4. FEI Number 65-0827147 Applied For Not Applicable	
Zip 	Country		Country		5. Certificate of Status Desired See Required Fee Required	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent	
SPRUCE, WILLIAM D ESQ. 1600 WEST COMMERCIAL BLVD.			Name Street A	CAMILLO, JOHN M.  Street Address (P.O. Box Number is Not Acceptable)		
FORT LAUDERDALE FL 33309			City	16	00 W. COMMERCIAL BLVD.	
City FT. LAUDERDALE FL 333389						
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 JOHN M. CAMILLO 4/20/2000 Signature bybed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE						
9. Capital Contributions as Shown on record. \$5,000,000.00 10. Amount of Capital Contributions in FLORIDA to date. \$5						
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.						
12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY						
DOCUMENT #	L95000000398	STREET ADORESS				
NAME	NORTH BROWARD PREPARATOR 1600 WEST COMMERCIAL BLVD.					
-STREET ADDRESS CITY+ST-ZIP	FORT LAUDERDALE FL 33309		CITY - ST - ZIP		3000032490531 -0\$/11/0001102003	
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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee employeered to execute this report as required by Chapter 520, Elorida Statutes.						