

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 480959

1. Entity Name

PREUSS REALTY, INC.

FILED
Feb 17, 2000 8:00 am
Secretary of State

02-17-2000 90129 008 ***150.00

Principal Place of Business

**25 SOUTHEAST SECOND AVENUE
INGRAHAM BUILDING, SUITE 710
MIAMI FL 33131**

Mailing Address

**25 SOUTHEAST SECOND AVENUE
INGRAHAM BUILDING, SUITE 710
MIAMI FL 33131-1506**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1633850

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**PREUSS, WERNER J.
5825 COLLINS AVE PAT 12F
MIAMI BCH, FL
33140**

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	PREUSS, WERNER J.	
STREET ADDRESS	5825 COLLINS AVE APT 12F	
CITY-ST-ZIP	MIAMI BCH, FL 00000	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PREUSS, JUTTA	
STREET ADDRESS	5825 COLLINS AVE APT 12F	
CITY-ST-ZIP	MIAMI BCH, FL 00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOVINO, JERRY	
STREET ADDRESS	2529 INLANDS COURT	
CITY-ST-ZIP	TOLEDO OH	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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	

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 another like empowered.

SIGNATURE:

Jutta Preuss (Jutta Preuss)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-14-2000

CR2E034 (9/99)