

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A01000000261

1. Entity Name

PP & W ENTERPRISES, LLLP

FILED

02 MAY -3 PM 1:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

300 E SUNRISE BLVD  
SUNRISE FL 33304

Mailing Address

300 E SUNRISE BLVD  
SUNRISE FL 33304

2. Principal Place of Business

1122 NE 4TH AVENUE

3. Mailing Address

1122 NE 4TH AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

FT. LAUDERDALE, FL

City & State

FT. LAUDERDALE, FL

4. FEI Number

02-0567871

Applied For

Not Applicable

Zip

Country

Zip

Country

33304

33304

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

DONNAHOE, PRINCE A IV ESQ  
1410 SW 29TH AVE  
POMPANO BEACH FL 33069

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.

DATE

9. Capital Contributions  
as Shown on record.

\$0.00

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

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 # P96000021865  
NAME POWALK INC  
STREET ADDRESS 300 E SUNRISE BLVD  
CITY-ST-ZIP SUNRISE FL 33304

STREET ADDRESS 1122 NE 4TH AVENUE  
CITY-ST-ZIP FT. LAUDERDALE, FL 33304

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CITY-ST-ZIP

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 empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

05/01/02 954-767-8707

CR2E003 (9/01)