

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A27406**

1. Entity Name

PREPPIES, LTD.

FILED

00 JAN 31 PM 1:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
C/O PASSARIELLO & STAIANO
6466 N.W. 5TH WAY
FORT LAUDERDALE FL 33023

Mailing Address
C/O PASSARIELLO & STAIANO
6466 N.W. 5TH WAY
FORT LAUDERDALE FL 33309-6112



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0090446

Applied For

Not Applied For

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

SEGAL, MIKE
BROAD AND CASSEL, SUITE 3000
201 S. BISCAYNE BLVD
MIAMI FL 33131

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]
Signature, typed 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.

\$171,471.00

10. Amount of Capital Contributions in FLORIDA to date.

171,471.00

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 # **K38729**
NAME **BJO, INC.**
STREET ADDRESS **1218 NE SAGO DR**
CITY - ST - ZIP **JENSEN BEACH FL 34957**

STREET ADDRESS

CITY - ST - ZIP

300003121783--6

-02/03/00--01009--002

******526.25 ****526.25**

DOCUMENT # **K38747**
NAME **EGT, INC.**
STREET ADDRESS **518 N. RIVERPOINT DR.**
CITY - ST - ZIP **STUART, FL 33497 34994**

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #
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CITY - ST - ZIP

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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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

[Signature]
PRE EGT INC
Gen Ptn
1/25/00

Date **301-283-4432**