

# 2001 UNIFORM BUSINESS REPORT (UBR)

0006380 AF

DOCUMENT # **A29300**

1. Entity Name

**PREPPIES II, LTD.**

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 33023**

**FILED**

**01 MAR 23 AM 10:41**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**880 NE Jensen Beach Blvd.**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**Jensen Beach**

City & State

4. FEI Number

**65-0172865**

Applied For

Not Applicable

Zip

**34957**

Country

**USA**

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**SEGAL, MIKE, ESQ.  
BROAD & CASSEL  
201 S. BISCAYNE BLVD., SUITE 3000  
MIAMI FL 33131**

7. Name and Address of New Registered Agent

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. Capital Contributions  
as Shown on record.

**\$136,395.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

**136,395.00**

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

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

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

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

**3305 S. W. Rivers End Way**

CITY-ST-ZIP

**Palm City, FL 34990**

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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**-03/30/01--01076--004**  
**\*\*\*\*\*526.25 \*\*\*\*\*526.25**

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:

**Deborah M. Levin M.D.**

**3/16/01**

**561 283 4433**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING GENERAL PARTNER

**MRS EGT INC**

Date

Daytime Phone #

CR2E003 (11/00)