

2000 UNIFORM BUSINESS REPORT (UBR)

0013391 A

DOCUMENT # **A95000001379**

1. Entity Name

EGW ENTERPRISES, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN 19 PM 1:29



DO NOT WRITE IN THIS SPACE

Principal Place of Business

2845 AVENTURA BLVD., SUITE 114
AVENTURA FL 33180

Mailing Address

2845 AVENTURA BLVD., SUITE 114
AVENTURA FL 33180-3111

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0632062

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DADE COUNTY CORPORATE AGENTS, INC.
20801 BISCAYNE BLVD., SUITE 505
AVENTURA FL 33180

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.

\$700,000.00

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

DOCUMENT # **P95000063765**
NAME **ALPHA H. INC.**
STREET ADDRESS **2845 AVENTURA BLVD., SUITE 114**
CITY - ST - ZIP **AVENTURA FL 33180**

DOCUMENT # **P95000067558**
NAME **BETA H. INC.**
STREET ADDRESS **201 N.W. 82ND AVE., SUITE 501**
CITY - ST - ZIP **PLANTATION FL 33324**

DOCUMENT # **P95000085514**
NAME **GAMMA H. INC.**
STREET ADDRESS **201 NW 82ND AVE., SUITE 501**
CITY - ST - ZIP **PLANTATION FL 33324**

DOCUMENT # **P95000085507**
NAME **DELTA H. INC.**
STREET ADDRESS **201 NW 82ND AVE., SUITE 501**
CITY - ST - ZIP **PLANTATION FL 33324**

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDRESS CHANGES ONLY

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

STREET ADDRESS

CITY - ST - ZIP

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-07/10/00-01021-023
*****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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/29/00 (305) 9336033
Date Daytime Phone #