

**LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

A97000002931
FILED

DOCUMENT # **A97000002931**

1. Entity Name

Young Enterprises, Ltd.

02 APR 30 PM 6:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7600 N. Lynd Rd

3. Mailing Address

P.O. Box 970436

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1

City & State

Coconut Creek, FL

City & State

Coconut Creek, FL

4. FEI Number

65-0845780

Applied For

Not Applicable

Zip

33073

Country

USA

Zip

33073

Country

USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name

Camillo, John

Street Address (P.O. Box Number is Not Acceptable)

1600 W. Commercial Blvd

City

Ft. Lauderdale

FL

Zip Code

33309

**DO NOT WRITE
IN THIS SPACE**

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.

John Camillo

4/10/02

DATE

9. Capital Contributions
as Shown on record: **11,000.00**

10. Amount of Capital Contributions
in FLORIDA to date: **0.00**

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 #	A97000000754	STREET ADDRESS	
NAME	North Broward Preparatory Schools	CITY-ST-ZIP	BK
STREET ADDRESS	1600 W. Commercial Blvd		
CITY-ST-ZIP	Ft. Lauderdale, FL 33309		
DOCUMENT #		STREET ADDRESS	700005502887-5
NAME		CITY-ST-ZIP	-05/10/02--01053--013
STREET ADDRESS			****141.25 ****141.25
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	DO NOT WRITE
NAME		CITY-ST-ZIP	IN THIS SPACE
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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

William S. Price

4/10/02

954 495 8565

CR2E003B (12/01)