

# 2001 UNIFORM BUSINESS REPORT (UBR)

0017285 AF

DOCUMENT # B96000000202

1. Entity Name

PREFERRED INTERNATIONAL DRIVE, L.P., LIMITED PAR

FILED

01 APR 23 PM 12:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

6900 E. 2ND STREET  
SCOTTSDALE AZ 85251

Mailing Address

6900 E. 2ND STREET  
SCOTTSDALE AZ 85251

2. Principal Place of Business

209 Phipps Plaza  
Suite, Apt. #, etc.

3. Mailing Address

209 Phipps Plaza  
Suite, Apt. #, etc.

City & State

Palm Beach FL

City & State

Palm Beach FL

4. FEI Number

93-1209232

Applied For

Not Applicable

Zip

Country

USA

Zip

33480

Country

USA

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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.

\$3,903,570.00

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 # F96000002844  
NAME PREFERRED INTERNATIONAL DRIVE, INC.  
STREET ADDRESS 6900 E. 2ND STREET  
CITY-ST-ZIP SCOTTSDALE AZ 85251

STREET ADDRESS 209 Phipps Plaza  
CITY-ST-ZIP Palm Beach, FL 33480

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

200004162192--9

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

05/08/01--01073--021  
\*\*\*\*526.25 \*\*\*\*526.25

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
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:

David Moore for Preferred International Drive LP  
Signature and typed or printed name of signing general partner  
Date 2/28/01 (561)835-1810  
Daytime Phone #

CR2E003 (11/00)