

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State
 04-25-2001 90053 022 ***150.00

DOCUMENT # F96000002841

1. Entity Name

PREFERRED MAIN GATE WEST, INC.

Principal Place of Business

6900 E 2ND ST
 SCOTTSDALE AZ 85251

Mailing Address

6900 E 2ND ST
 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

Zip

33480

Country

USA

Zip

33480

Country

USA

4. FEI Number

93-1209221

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

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

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. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	GROGAN, JAMES	
STREET ADDRESS	6900 E. 2ND ST.	
CITY-ST-ZIP	SCOTTSDALE AZ 85251	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	TOUBMAN, ROBERT	
STREET ADDRESS	6900 E. 2ND ST.	
CITY-ST-ZIP	SCOTTSDALE AZ 85251	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	KIRSCH, RANDALL	
STREET ADDRESS	6900 E. 2ND ST.	
CITY-ST-ZIP	SCOTTSDALE AZ 85251	
TITLE	ST	<input type="checkbox"/> Delete
NAME	SHREEVE, DAVID	
STREET ADDRESS	6900 EAST 2 STREET	
CITY-ST-ZIP	SCOTTSDALE AZ 85251	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President, Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	A. David Kosoy	
STREET ADDRESS	209 Phipps Plaza	
CITY-ST-ZIP	Palm Beach, FL, 33480	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Brian Kosoy	
STREET ADDRESS	209 Phipps Plaza	
CITY-ST-ZIP	Palm Beach, FL, 33480	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Secretary, Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	David J. Shreeve	
STREET ADDRESS	209 Phipps Plaza	
CITY-ST-ZIP	Palm Beach FL 33480	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

David J. Shreeve S/T David J. Shreeve 2/28/01 (561)835-1810

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)