

001 UNIFORM BUSINESS REPORT (UBR)DOCUMENT # **P98000008056**1. Entity Name
PREP CONNECTION, INC.**FILED****May 02, 2001 8:00 am**
Secretary of State

05-02-2001 90096 044 ***150.00

Principal Place of Business
**1600 WEST COMMERCIAL BLVD.
FORT LAUDERDALE FL 33309**Mailing Address
**1600 WEST COMMERCIAL BLVD.
FORT LAUDERDALE FL 33309**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0808850**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**SPUCE, WILLIAM D ESQ
1600 WEST COMMERCIAL BLVD.
FORT LAUDERDALE FL 33309**Name **Camillo, John M.**Street Address (P.O. Box Number is Not Acceptable)
1600 W Commercial Blvd.City **Fort Lauderdale** **FL** Zip Code **33309**

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

John M Camillo**3/26/01**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **V** ☐ Delete
NAME **SPRUCE, WILLIAM D**
STREET ADDRESS **1600 WEST COMMERCIAL BLVD.**
CITY-ST-ZIP **FORT LAUDERDALE FL 33309**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **DC** ☐ Delete
NAME **MORGAMAN, PHILLIP E**
STREET ADDRESS **1600 WEST COMMERCIAL BLVD.**
CITY-ST-ZIP **FORT LAUDERDALE FL 33309**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **DP** ☐ Delete
NAME **STEPHENSON, MARK**
STREET ADDRESS **1600 WEST COMMERCIAL BLVD.**
CITY-ST-ZIP **FORT LAUDERDALE FL 33309**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **NICHOLS, NEAL**
STREET ADDRESS **1600 WEST COMMERCIAL BLVD.**
CITY-ST-ZIP **FORT LAUDERDALE FL 33309**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **CAMILLO, JOHN M**
STREET ADDRESS **1600 WEST COMMERCIAL BLVD.**
CITY-ST-ZIP **FORT LAUDERDALE FL 33309**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **DVST** ☒ Delete
NAME **GARDNER, DEBORAH S**
STREET ADDRESS **1600 WEST COMMERCIAL BLVD.**
CITY-ST-ZIP **FORT LAUDERDALE FL 33309**TITLE ☐ Change ☒ Addition
NAME **Mutnick, Joel**
STREET ADDRESS **1600 W Commercial Blvd**
CITY-ST-ZIP **FT. Lauderdale, FL 33309**

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:

Mark Stephenson, President, 3/26/01 (954) 493 6565

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

PREP CONNECTION, INC.

Attachment
83556

ADDITIONAL DIRECTORS AND OFFICERS:

Title: D
Name: David B. Zugman
Street Address: 4875 N. Federal Highway
City-St-Zip: Ft. Lauderdale, Florida 33308

#p98 00008056