

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

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AV

DOCUMENT # **A01000001388**

1. Entity Name

**STILES HOLDING AND INVESTMENT PARTNERSHIP II, LT
D.**

02 APR 19 PM 12:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 300 S.E. 2ND STREET FORT LAUDERDALE FL 33301	Mailing Address 300 S.E. 2ND STREET FORT LAUDERDALE FL 33301
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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DUE BY MAY 1, 2002

City & State	City & State
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4. FEI Number 65-1158750	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JONES, PATRICIA
300 S.E. 2ND STREET
FORT LAUDERDALE FL 33301**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$1,000.00	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
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**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 # NAME STREET ADDRESS CITY-ST-ZIP	P01000099824 STILES HOLDING & INVEST. PRTRNSHP II, INC. 300 S.E. 2ND STREET FORT LAUDERDALE FL 33301	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	700005350607--0 -04/26/02--01021--016 ****141.25 ****141.25
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		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

Date: **2/01/02** Daytime Phone #: **954-627-9300**

CP2E003 (9/01)