

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAY 24 PM 1:33

DOCUMENT # **A 96000001967 (1)**  
1. Entity Name  
**Marmorstein Family Partnership No. II. LTD**

Principal Place of Business Mailing Address  
**12466 SW. 128 St Miami, FL 33186-5402** **12466 SW. 128 Street Miami, FL 33186-5402**

2. Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
City & State City & State  
Zip Country Zip Country

4. FEI Number **65-0703127**  Applied For  Not Applicable  
5. Certificate of Status Desired  **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**Miami Corporate Systems, Inc**  
**5200 Blue Lagoon Drive Suite 700**  
**Miami, Florida, 33126**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. **361,957.61**

10. Amount of Capital Contributions in FLORIDA to date.

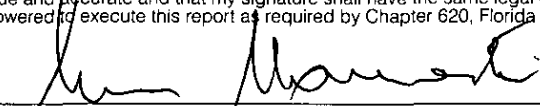
11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

**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  
DOCUMENT # **960000083423**  
NAME **Marmorstein Family Enterprises**  
STREET ADDRESS **12466 SW. 128 Street**  
CITY-ST-ZIP **Miami, FL 33186**

13. ADDRESS CHANGES ONLY  
STREET ADDRESS  
CITY-ST-ZIP  
STREET ADDRESS **300003297503--6**  
CITY-ST-ZIP **06/20/00 01065-021**  
STREET ADDRESS  
CITY-ST-ZIP  
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:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date **4/21/00** (305) 252-1018  
Daytime Phone #

CR2E003 (9/99)