

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000001362**

1. Entity Name  
**POINTE WEST COMMERCE II LIMITED PARTNERSHIP**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR 24 AM 3:05

Principal Place of Business: 1166 WESTNEWPORT CENTER DRIVE, SUITE 118, DEERFIELD BEACH FL 33442  
Mailing Address: 1166 WESTNEWPORT CENTER DRIVE, SUITE 118, DEERFIELD BEACH FL 33442



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **1096 E. Newport Center Dr.**  
3. Mailing Address: **1096 E. Newport Center Dr.**

Suite, Apt. #, etc.: **100**

City & State: **Deerfield Beach, FL**

4. FFI Number: **65-0940729**  
Applied For:  Not Applicable

Zip: **33442** Country: **USA**

5. Certificate of Status Desired:  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**BAYNE, SHAWN**  
**200 EAST BROWARD BOULEVARD, SUITE 1900**  
**FORT LAUDERDALE FL 33301**

7. Name and Address of New Registered Agent  
Name: **Butters, Malcolm**  
Street Address (P.O. Box Number is Not Acceptable): **1096 E. Newport Center Drive**  
**Suite 100**  
City: **Deerfield Beach** FL Zip Code: **33442**

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: **3/17/00**

9. Capital Contributions as Shown on record: **\$990.00**  
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	
DOCUMENT #	<b>P99000073544</b>
NAME	<b>POINTE WEST COMMERCE II, INC.</b>
STREET ADDRESS	<b>1166 WESTNEWPORT CENTER DRIVE, SUITE 118</b>
CITY - ST - ZIP	<b>DEERFIELD BEACH FL 33442</b>
DOCUMENT #	<b>P99000073545</b>
NAME	<b>CK PW II, INC.</b>
STREET ADDRESS	<b>1840 N. COMMERCE PARKWAY, SUITE 3</b>
CITY - ST - ZIP	<b>WESTON FL 33326</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	<b>1096 E. Newport Center Drive, Ste 100</b>
CITY - ST - ZIP	<b>Deerfield Beach, FL 33442</b>
STREET ADDRESS	<b>1096 E. Newport Center Drive, Ste 100</b>
CITY - ST - ZIP	<b>Deerfield Beach, FL 33442</b>
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 REQUIRED** DATE: **3/17/00** DAYTIME PHONE #: **954-570-8111**