

FROM : Sciortino

FAX NO. : 9544419143

07/31/03 14:40 FAX 3053587191

DINER & SCHWARTZ

**FILED**  
**Aug 11, 2003 8:00 am**  
**Secretary of State**

06-23-2003 90001 005 \*\*\*\*50.00

6/23/1

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000002268

1. Entity Name  
**BISON PROPERTIES II, LLC.**



Principal Place of Business Mailing Address  
141 NE 3RD AVE SUITE 601 MIAMI FL 33132  
141 NE 3RD AVE SUITE 601 MIAMI FL 33132

55053951

2. Principal Place of Business 3. Mailing Address  
**2320 N 19th Ave** **1856 Sherman St**

City & State Zip Country  
**Hollywood FL 33020** **Hollywood FL 33020** **USA**  
4. FEI Number **01-0628623**  
Applied For Not Applicable  
5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
**DINER, MANUEL ESO**  
**141 NE 3RD AVE**  
**SUITE 601**  
**MIAMI FL 33132**  
7. Name and Address of Next 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. I am familiar with, and accept the obligations of registered agent.  
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent etc. (if applicable) (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>Dennis Sciortino</b> <b>12560 SW 12 St. Davie FL 33325</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President</b> <b>Gregory Von Seeger</b> <b>12001 NW 5 St</b> <b>Plantation FL 33325</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer</b> <b>Penny Von Seeger</b> <b>12001 NW 5 St</b> <b>Plantation FL 33325</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary</b> <b>Catherine Sciortino</b> <b>12560 SW 12 St</b> <b>Davie FL 33325</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(c), Florida Statutes. I further certify that the information included 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MANUEL ESO DATE: 7/30/03 954-441-9143  
SIGNATURE TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

012003 (01/02)