

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0656022  
AT

DOCUMENT # **857807**

1. Entity Name  
**ANGELES REALTY CORPORATION II**



FILED

03 JUN 11 PM 12:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**2000 SOUTH COLORADO BLVD  
TOWER TWO SUITE 2-1000  
DENVER CO 80222  
US**

Mailing Address  
**2000 SOUTH COLORADO BLVD  
TOWER TWO SUITE 2-1000  
DENVER CO 80222  
US**



2. Principal Place of Business  
**4582 S. ULSTER ST. PKWY.**

3. Mailing Address  
**4582 S. ULSTER ST. PKWY.**

Suite, Apt. #, etc.  
**SUITE 1100**

Suite, Apt. #, etc.  
**SUITE 1100**

City & State  
**DENVER**

City & State  
**DENVER**

4. FEI Number **95-3689111**

Applied For  
Not Applicable

Zip **80237** Country **US**

Zip **80237** Country **US**

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301**

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. I am familiar with, and accept the obligations of registered agent.

**600020779356**  
**06/11/03--01027--012 \*\*12075.00**

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD CONSIDINE, TERRY 2000 SOUTH COLORADO BLVD SUITE 2-1000 DENVER CO 80222</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD KOMPANIEZ, PETER 2000 SOUTH COLORADO BLVD SUITE 2-1000 DENVER CO 80222</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EVPS BONDER, JOEL 2000 SOUTH COLORADO BLVD SUITE 2-1000 DENVER CO 80222</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVPT HEATH, PATRICIA 2000 SOUTH COLORADO BLVD SUITE 2-1000 DENVER CO 80222</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS ASARCH, CHAD 2000 S COLORADO BLVD TOWE 2 2-1000 DENVER CO 80222</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>4582 S. ULSTER ST. PKWY. SUITE 1100 DENVER, CO 80237</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>4582 S. ULSTER ST. PKWY. SUITE 1100 DENVER, CO 80237</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>EVPS CORTEZ, MILES 4582 S. ULSTER ST. PKWY. SUITE 1100 DENVER, CO 80237</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>4582 S. ULSTER ST. PKWY. SUITE 1100 DENVER, CO 80237</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>4582 S. ULSTER ST. PKWY. SUITE 1100 DENVER, CO 80237</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 reports 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** CHAD ASARCH, ASST SECRETARY **6/4/03** **303-757-8101**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)