

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000001712

1. Entity Name

BENT TREE COMMERCIAL PARK II LIMITED

FILED

02 MAR 11 PM 3:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
520 BRICKELL KEY DRIVE, SUITE 0-305
MIAMI FL 33131

Mailing Address
520 BRICKELL KEY DRIVE, SUITE 0-305
MIAMI FL 33131

2. Principal Place of Business
13926 S.W. 47 Street

3. Mailing Address
P. O. Box 557035

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State
Miami, FL

City & State
Miami, FL

4. FEI Number
65-1050227

Applied For
Not Applicable

Zip
33175

Country

Zip
33255

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HABER, ROBERT M
520 BRICKELL KEY DRIVE, SUITE 0-305
MIAMI FL 33131

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

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

DATE

9. Capital Contributions
as Shown on record.

\$10,000.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # P93000086576
NAME BAYSIDE INTERNATIONAL REALTY, INC.
STREET ADDRESS 520 BRICKELL KEY DRIVE, SUITE 0-305
CITY-ST-ZIP MIAMI FL 33131

STREET ADDRESS 13926 S.W. 47 Street
CITY-ST-ZIP Miami, FL 33175

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP
3000005108423--1
-03/14/02--01061--011
****158.75 ****158.75

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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: Antonio Prado

MAR-7-02

(305) 551-6770

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)

0000936 AV

STAPLE CHECK HERE