

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A01000000826**

1. Entity Name

**THE BAZILE REAL ESTATE LIMITED PARTNERSHIP #2**

Principal Place of Business

**17900 S.W. 4TH COURT  
PEMBROKE PINES FL 33029**

Mailing Address

**17900 S.W. 4TH COURT  
PEMBROKE PINES FL 33029**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**DUE BY SEPTEMBER 25, 2002**

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**WACHS, JEFFREY S ESQ.  
1177 S.E. 3RD AVENUE  
FORT LAUDERDALE FL 33316**

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.

SIGNATURE

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

DATE

9. Capital Contributions  
as Shown on record.

**\$5,000.00**

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

DOCUMENT #  
NAME **BAZILE, FRANTZ**  
STREET ADDRESS **17900 S.W. 4TH COURT**  
CITY-ST-ZIP **PEMBROKE PINES FL 33029**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**2002**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**2003**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**2003**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**UBR**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**000009529110**  
**12/16/02--01102--002 \*\*88.75**

**000009529110**  
**02/11/03--01046--008 \*\*157.50**

**000009529110**  
**02/11/03--01046--010 \*\*141.25**

CR2E003 (4/02)

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:

**FRANTZ BAZILE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**12/13/02**

Date

Daytime Phone #

# A01000000826

January 14, 2003

Division of Corporation  
Uniform Business Report Filing  
P O Box 1500  
Tallahassee, FL 32302-1500

Ref: DN A01000000824  
DN A01000000825  
DN A01000000826

FILED  
03 FEB 11 AM 10:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

This is to let you know that I was astonished to see that the above partnerships were inactive when I check in the internet. I immediately made a research and discovered that the appropriate fees were not paid because the reports were inadvertently not given to me.

I am herewith asking you to please remove the penalties. I have taken the necessary steps to prevent this from happening again.

Enclosed is a check in the amount of \$157.50 to cover the additional fees (\$52.50 X 3).

I am thanking you in advance for your understanding.

Sincerely,

  
Frantz Bazile

