

# 2002 UNIFORM BUSINESS REPORT (UBR)

UBR/4 A1

DOCUMENT # A01000001358

1. Entity Name

INDUSTRIAL DEVELOPMENT CO. OF AMERICA, NO. 2, LL  
LP

FILED

02 APR 22 PM 3:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

4100 NORTH POWERLINE ROAD, SUITE B-2  
POMPANO BEACH FL 33073

Mailing Address

4100 NORTH POWERLINE ROAD, SUITE B-2  
POMPANO BEACH FL 33073

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2002

4. FEI Number

65-1152754

Applied For

Not Applicable

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

LASSER, LEE S

4100 NORTH POWERLINE ROAD, SUITE B-2  
POMPANO BEACH FL 33073

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.

\$0.00

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 #	A00000001106
NAME	LEE S. LASSER FAMILY LIMITED PARTNERSHIP
STREET ADDRESS	4100 NORTH POWERLINE ROAD, SUITE B-2
CITY-ST-ZIP	POMPANO BEACH FL 33073
DOCUMENT #	A00000001125
NAME	AUGUSTINE FERRERA FAMILY LIMITED PARTNERSH
STREET ADDRESS	6601 LYONS ROAD, SUITE C-1
CITY-ST-ZIP	COCONUT CREEK FL 33073
DOCUMENT #	A01000001204
NAME	MICHAEL J. FERRERA FAMILY LIMITED PARTNERS No. 2
STREET ADDRESS	6601 LYONS ROAD, SUITE C-1
CITY-ST-ZIP	COCONUT CREEK FL 33073
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CR2E003 (9/01)

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:

*Lee S. Lasser*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

LEE S. LASSER

4/18/02

(954) 975-0055

Date

Device Phone #