

2000 UNIFORM BUSINESS REPORT (UBR)

03/2000 1/1

DOCUMENT # **A19981**

1. Entity Name

BOCA RATON ASSOCIATES II LIMITED PARTNERSHIP

FILE
SECRETARY
DIVISION OF CORPORATIONS

00 APR 11 PM 3:00

Principal Place of Business

329 PARK AVENUE
WOONSOCKET RI 02895

Mailing Address

600 CASS AVENUE
WOONSOCKET RI 02895-4727

2. Principal Place of Business

600 CASS AVENUE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

WOONSOCKET, RI

City & State

City & State

4. FEI Number

05-0413725

Applied For

Not Applicable

Zip 02895

Country

Zip

Country

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WHEELER, JAMES J.
7777 W. GLADES RD.
SUITE 300
BOCA RATON FL 33434

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$1,100.00

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 BOUCHER, JOHN J.
STREET ADDRESS 329 PARK AVENUE
CITY - ST - ZIP WOONSOCKET RI

DOCUMENT #
NAME MARTIN, ROBERT L.
STREET ADDRESS 329 PARK AVENUE
CITY - ST - ZIP WOONSOCKET RI

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

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

500003220085--4
-04/24/00--01040--006
****158.75 ****158.75

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/31/00
Date

Daytime Phone #

CR2E003 (9/99)