

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A94000001566**

1. Entity Name

CARGOR PARTNERS II LTD.

Principal Place of Business

**4832 78TH STREET EAST
BRADENTON FL 34203**

Mailing Address

**4832 78TH STREET EAST
BRADENTON FL 34203**

FILED

01 FEB 21 AM 11:49

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7419 39th Court E

3. Mailing Address

7419 39th Court E

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SARASOTA FL

City & State

SARASOTA FL

4. FEI Number

65-0548414

Applied For

Not Applicable

Zip

Country

34243 MANATEE

Zip

Country

34243 MANATEE

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

BERUFF, CARLOS

4832 78TH STREET EAST

BRADENTON FL 34203

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.

\$1,000,000.00

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 # **P94000084578**
NAME **CARGOR II, INC.**
STREET ADDRESS **4832 78TH STREET EAST**
CITY-ST-ZIP **BRADENTON FL 34203**

STREET ADDRESS

CITY-ST-ZIP

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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:

SIGNATURE REQUIRED
Signature
Signature and typed or printed name of signing general partner

Date

Daytime Phone #

941-753-6000

CR2E003 (11/00)

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