

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A96000000243

1. Entity Name

SMIGIEL PARTNERS II, LTD.

FILED

01 FEB -2 AM 10:45

Principal Place of Business

7965 Lantana Road  
Lake Worth, FL 33467

Mailing Address

P. O. Box 540623  
Lake Worth, FL 33454  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0521146

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SMIGIEL, GARY  
1020 S. Lakeside Drive  
Lake Worth, FL 33460

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: \$850,581.00

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 # L95000000011  
NAME GARY SMIGIEL II, L.C.  
STREET ADDRESS 1020 S. Lakeside Drive  
CITY-ST-ZIP Lake Worth, FL 33460

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

300003719459-5  
-02/20/01--01008--029  
\*\*\*\*\*535.00 \*\*\*\*\*535.00

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)