

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A96000002244**

1. Entity Name

SEOLA II, LTD.

APPROVED
AND
FILED

01 APR 30 AM 11:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**6400 N. ANDREWS AVENUE
FT. LAUDERDALE FL 33309**

Mailing Address
**6400 N. ANDREWS AVENUE
FT. LAUDERDALE FL 33309**

2. Principal Place of Business
300 SE 2nd Street
Suite, Apt. #, etc.

3. Mailing Address
300 SE 2nd Street
Suite, Apt. #, etc.

City & State
Ft. Lauderdale, FL

City & State
Ft. Lauderdale, FL

4. FEI Number
65-0714109

Applied For
Not Applicable

Zip
33301

Zip
33301

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

**DUKE, BRYAN ESQUIRE
6400 N. ANDREWS AVENUE
FT. LAUDERDALE FL 33309**

Name
Patricia Jones
Street Address (P.O. Box Number is Not Acceptable)
c/o Stiles Corporation
300 SE 2nd Street
City
Ft. Lauderdale, FL **FL** Zip Code
33301

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

2/21/01

9. Capital Contributions
as Shown on record. **\$7,500.00**

10. Amount of Capital Contributions
in FLORIDA to date. **\$6,840.00**

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 # **P96000099095**
NAME **SEOLA II, INC.**
STREET ADDRESS **6400 N. ANDREWS AVENUE**
CITY-ST-ZIP **FT. LAUDERDALE FL 33309**

STREET ADDRESS **300 SE 2nd Street**
CITY-ST-ZIP **Ft. Lauderdale, FL 33301**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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1000004217731--0
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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

Patricia Jones

2/21/01

954-627-9300

CR2E003 (11/00)

0008460
AF