

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A 96 000002311

1. Entity Name

DECKMOR PARTNERS II, LTD.

Principal Place of Business

Mailing Address

FILED

00 MAR -8 PM 3:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3201 W. GRIFFIN RD.

3. Mailing Address

3201 W. GRIFFIN RD.

Suite, Apt. #, etc.

106

Suite, Apt. #, etc.

106

City & State

DANIA BEACH, FLA.

City & State

DANIA BEACH, FLA.

Zip

33312

Country

U.S.A.

Zip

33312

Country

U.S.A.

4. FEI Number

65-0713924

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MORRIS DECKELBAUM
4430 CASPER CT.
HOLLYWOOD, FLA. 33021

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)

3/2/00

DATE

9. Capital Contributions
as Shown on record:

\$400,000.00

10. Amount of Capital Contributions
in FLORIDA to date:

\$400,000.00

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

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DECKMOR ENTERPRISES II, INC.

13. ADDRESS CHANGES ONLY

STREET ADDRESS
CITY-ST-ZIP

3201 W. GRIFFIN RD.
DANIA BEACH, FLA. 33312

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

100003179861--3
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DOCUMENT #
NAME
STREET ADDRESS
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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:

M. DECKELBAUM

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/2/00

Date

954-965-3636

Daytime Phone #

CRZE003 (9/99)