

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000000702

1. Entity Name  
WICE II LTD.

FILED

02 MAY -3 PM 1:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
5310 N.W. 33RD AVENUE, SUITE 219  
FORT LAUDERDALE FL 33309

Mailing Address  
5310 N.W. 33RD AVENUE, SUITE 219  
FORT LAUDERDALE FL 33309

2. Principal Place of Business  
4901 N. FED. HWY.  
Suite, Apt. #, etc. 100

3. Mailing Address  
4901 N. FED. HWY.  
Suite, Apt. #, etc. 100

DUE BY MAY 1, 2002

City & State  
FT. LAUDERDALE, FL

City & State  
FT. LAUDERDALE, FL

Zip  
33308

Country

Zip  
33308

Country

4. FEI Number 65-0665978

Applied For  
Not Applicable

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

BARBER, KENNETH T  
~~5310 N.W. 33RD AVENUE, SUITE 219~~  
~~FORT LAUDERDALE FL 33309~~

Name  
Street Address (P.O. Box Number is Not Acceptable)  
4901 N. FEDERAL HWY #100  
City  
FT. LAUDERDALE FL Zip Code  
33308

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

9. Capital Contributions as Shown on record. \$99.00

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 #	P94000007023	STREET ADDRESS	4901 N. FEDERAL HWY #100
NAME	TRION VENTURES VI, INC.	CITY-ST-ZIP	FT. LAUDERDALE, FL, 33308
STREET ADDRESS	<del>5310 N.W. 33RD AVENUE, SUITE 219</del>		
CITY-ST-ZIP	<del>FORT LAUDERDALE FL 33309</del>		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	800005577168--9
NAME		CITY-ST-ZIP	-05/21/02--01056--007
STREET ADDRESS			****141.25 ****141.25
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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STREET ADDRESS			
CITY-ST-ZIP			
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NAME		CITY-ST-ZIP	
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: 4/30/2002 954-491-3848  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

0002657 AV

CR2E003 (9/01)