

2001 UNIFORM BUSINESS REPORT (UBR)

0005155 AF

DOCUMENT # **A98000000531**

1. Entity Name

FLAMINGO FALLS PROFESSIONAL CENTER II, LTD.

Principal Place of Business

**4960 S.W. 72 AVENUE
#404
MIAMI FL 33155**

Mailing Address

**4960 S.W. 72 AVENUE
#404
MIAMI FL 33155**

01 APR -6 PM 12:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4960 SW 72 AVE

Suite, Apt. #, etc.

400

3. Mailing Address

4960 SW 72 AVE

Suite, Apt. #, etc.

400

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65-0901847

Applied For

Not Applicable

Zip

33155

Country

DADE

Zip

33155

Country

DADE

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FFPC II, INC.

101 GRAND PALMS DRIVE

PEMBROKE PINES FL 33027

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.

\$7,500.00

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 # **P98000018651**
NAME **FFPC II, INC.**
STREET ADDRESS **101 GRAND PALMS DRIVE**
CITY-ST-ZIP **PEMBROKE PINES FL 33027**

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CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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CITY-ST-ZIP

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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

3/15/01

Date

305/6621421

Daytime Phone #

CR2E003 (11/00)