

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000000706

1. Entity Name
INTERNATIONAL-REPUBLIC ASSOCIATES II LIMITED



FILED

03 MAY -6 PM 8:42

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
5728 MAJOR BLVD., STE. 601
ORLANDO FL 32819

Mailing Address
5728 MAJOR BLVD., STE. 601
ORLANDO FL 32819



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2003

4. FEI Number 59-3498999

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

KHATIB, RASHID A
5728 MAJOR BLVD., STE. 601
ORLANDO FL 32819

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record. \$1,000,000.00

10. Amount of Capital Contributions
in FLORIDA to date. \$1,000,000

11. MAKE CHECK PAYABLE TO FL. 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 # P98000016429
NAME INTERNATIONAL-REPUBLIC ASSOCIATES II, INC.
STREET ADDRESS 5728 MAJOR BLVD., STE. 601
CITY-ST-ZIP ORLANDO FL 32819

STREET ADDRESS

CITY-ST-ZIP

400018313594
05/06/03--01128--014 **526.25

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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 REQUIRED Rashid A. Khatib

4-18-03

407-354-2200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (10/02)