

**2003 LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **A98000001340**

1. Entity Name
OXFORD PROPERTIES II, LTD.



Principal Place of Business
**4240 GALT OCEAN DRIVE
FORT LAUDERDALE FL 33308**

Mailing Address
**4240 GALT OCEAN DRIVE
FORT LAUDERDALE FL 33308**

FILED

03 APR 10 AM 11:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3801 North 41st Avenue

Suite, Apt. #, etc.

Hollywood, FL

City & State

3. Mailing Address

3801 North 41st Avenue

Suite, Apt. #, etc.

Hollywood, FL

City & State

DUE BY MAY 1, 2003

4. FEI Number **65-0843755**

Applied For

Not Applicable

Zip

33021

Country

USA

Zip

33021

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**RICHTER, MORRIS
3801 N. 41ST AVE.
HOLLYWOOD FL 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. 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.

\$1,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

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 # **P98000046405**
NAME **OXFORD PROPERTIES II, INC.**
STREET ADDRESS **4240 GALT OCEAN DRIVE**
CITY-ST-ZIP **FORT LAUDERDALE FL 33308**

STREET ADDRESS **3801 North 41st Avenue**
CITY-ST-ZIP **Hollywood, FL 33021**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
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

OXFORD PROPERTIES II, INC.

SIGNATURE:

BY SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
MORRIS RICHTER, PRESIDENT

3/10/03 (954) 568-4118

Date

Daytime Phone #

CR2E003 (10/02)