

2001 UNIFORM BUSINESS REPORT (UBR)

000641 AF

DOCUMENT # A98000001724

1. Entity Name

LAUDERDALE LAKES INDUSTRIAL PARK II, LTD.

Principal Place of Business

4901 N.W. 17TH WAY
SUITE 103
FT LAUDERDALE FL 33309

Mailing Address

4901 N.W. 17TH WAY
SUITE 103
FT LAUDERDALE FL 33309

FILED

01 APR 25 PM 12:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0851711

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEVY, ALAN M ESQUIRE
5353 N FED HWY., STE 303
FT LAUDERDALE FL 33308

7. Name and Address of New Registered Agent

Name ALAN M Levy

Street Address (P.O. Box Number is Not Acceptable)

4901 NW 17 Way Suite 103

City Fort Lauderdale

FL

Zip Code 33309

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.

\$10,000.00

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 # P98000062587
NAME LAUDERDALE LAKES INDUSTRIAL PARK (II), INC
STREET ADDRESS 1428 BRICKELL AVENUE, EIGHTH FLOOR
CITY-ST-ZIP MIAMI FL 33131

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

000004190950--8

05/09/01--01078--009

****158.75 ****158.75

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)