

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0004134
AV

DOCUMENT # A98000001795

1. Entity Name

ATLANTIC PLAZA II, LTD.

02 MAR 18 AM 11:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

6700 N.W. BROKEN SOUND PKWY.
SUITE 201
BOCA RATON FL 33487

Mailing Address

6700 N.W. BROKEN SOUND PKWY.
SUITE 201
BOCA RATON FL 33487



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

City & State

4. FEI Number

65-0854146

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

GLICKMAN, LARRY Z ESQ.
301 YAMATO ROAD, SUITE 4150
BOCA RATON FL 33431

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.

DATE

9. Capital Contributions
as Shown on record.

\$75,000.00

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 # P98000065998
NAME ADREAC HOLDINGS, INC.
STREET ADDRESS 4568 BOCAIRE BLVD.
CITY-ST-ZIP BOCA RATON FL 33487

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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:

Frank Gulisano
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

FRANK GULISANO

Date

Daytime Phone #

2/14/02 561-994-0919

CR2E003 (9/01)

STAPLE CHECK HERE