2000 UNIFORM BUSINESS REPORT (UBR)

SSO NW. ISSTN STREET ROAD, THRIP FLOOR NORTH MAMA FL 33199 SSO NW. ISSTN STREET ROAD, THRIP FLOOR NORTH MAMA FL 33199-8322 A. PRINCIPAL STATE City & State A. PELINATION Short Registered Agent 7. Name and Address of New Registered Agent REVOC GROUP II, NC. Short Address (P.O. Box Number is Not Accoptable) The Address (P.O. Box Number is Not Accoptable) Short Address (P.O. Box Number is Not Accoptable) The Address (P.O. Box Number is Not Accoptable) Short Address (P.O. Box Number is Not Accoptable) The Address (P.O. Box Number is Number is Number in Number is Number in Number is Number in Number in Number is Number in Number in Number is Number in Number in Number in Number is Number in	DOCUMENT # A9900000376 1. Entity Name REVOC GROUP II, LTD.						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS		
2. Principal Place of Business 3. Malling Address Suite, Apt. #, etc. City & State City &	560 N.W. 165TH STREET ROAD. THIRD FLOOR 560 N.W. 165TH STREET RO					HIRD FLOOR			m
3. Maling Address Suite, Apt. #, etc. Suite, Apt.			٠.						
City & State 2p	2. Principal Place of Business 3. Mailing Address						-	isa (basa 18 34) Ka sil Ba ili Ba ili B	18211 80 111 90 180 (1121 10010 0111 1601
APPLIED FOR Not Applied The Additional Set of Set	Suite, Apt. #, etc.			Suite, Apt. #, etc.			1	DO NOT WRITE IN TI	HIS SPACE
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 10. Anomals of Noth Acceptable) The Mark Check Parable To Dept. OF STATE SE Reverse Sib From Fle Britomation The Address (P.O. Box Number is Not Acceptable) The Address (P.O. Box Number is Not Acceptable) City FL Zip Code 11. Mark Check Parable To Dept. OF STATE SE Reverse Sib From Fle Britomation The Address City The Address Ci	City & State	6		City & State					
Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 6. The above named critity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Portida. SIGNATURE Signature registered agent or both, in the State of Portida. SIGNATURE Signature registered agent or both, in the State of Portida. SIGNATURE Signature registered agent or both, in the State of Portida. SIGNATURE Signature registered agent or both, in the State of Portida. SIGNATURE Signature registered agent or both, in the State of Portida. SIGNATURE Signature registered agent or both, in the State of Portida. SIGNATURE Signature registered agent or both, in the State of Portida. SIGNATURE Signature registered agent or both, in the State of Portida. 11. MAKE CRIENT PAYRABLE TO DEPT. OF STATE REGISTERED AND ACTIVE WITH THIS SOFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filled to change a general partner. 12. GENERAL PARTNER INFORMATION TS. 2P PORTION STATE SIRET ACCRESS SIRET ACCRESS SIRET ACCRESS SIRET ACCRESS GITY-ST-2P COMMENT WARE SIRET ACCRESS GITY-ST-2P COMMENT SIRET ACCRESS GITY-ST-2P COMMENT WARE SIRET ACCRESS GITY-ST-2P COMMENT WARE SIRET ACCRESS GITY-ST-2P COMMENT WARE SIRET ACCRESS GITY-ST-2P COMMENT SIRET ACCRESS GITY-ST-2P COMMENT SIRET ACCRESS GITY-ST-2P COMMENT SIRET ACCRESS GITY-	Zip	Country		Zip	Coun	try	5 Cartificate of Status Desired Status Resired Additional		
Street Address (P.O. Box Number is Not Accoptable) Street Address (P.O. Box Number is Not Accoptable) City FL Zip Code 8. The above names orbity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fortida. SIGNATURE STREET ADDRESS GENERAL PARTINET THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE THAT HIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. CIENCE ADDRESS ENTITY MUST BE REGISTERED AND ACTIVE THAT HIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. CIENCE ADDRESS ENTITY MUST BE REGISTERED AND ACTIVE THAT HIS OFFICE. NOTE: STREET ADDRESS GIV-ST-2P BY STREET ADDRESS GIV-ST-2P COMMENT MINE STREET ROAD, THIRD FLOOR NORTH MAMI PL 33169 THE ADDRESS GIV-ST-2P COMMENT STREET ADDRESS		6. Name and Address of Current	Regis	tered Agent		Name	7. Name and A	ddress of New Register	red Agent
SIGNATURE Symbol principle of prefet flower or requirement agent and the 4 sporture. 9. The above named entity submits this statement for the purpose of changing lits registered office or registered agent, or both, in the State of Florida. SIGNATURE Symbol principle or prefet flower or requirement agent and the 4 sporture. 9. Capital Contributions S. 1,000.00 10. Amount of Capital Contributions S. 5,000.00 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVENSE SIDE FOR FEE INFORMATION A GENERAL PARTINER 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 filled to change a general partner. 12. CENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY PROCOC GROUP II, INC. STREET ACCRESS OTY-57-2P NORTH MAMI FL 33169 701-01-01-01-01-01-01-01-01-01-01-01-01-0	REVOC GROUP II, INC.								
B. 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 Signare, i,ped or present alone of registered agent and time if approaches. POTE: Prepared Agent supmour request when remission: 9. Capital Contributions as Shown on record. 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. GENERAL PARTNER INFORMATION 19. GE						Chock that all a chock the state of the stat			
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 Signapure, hybrid or phistor name of registered agent and that if applicable. 10. Amount of Capital Contributions as Shown on record. A GENERAL PARTINER 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 filled to change a general partner. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY P990000215172 REVOC GROUP II, INC. STREET ADDRESS OTY- 57-2P NORTH MAMM IF L 33169 THE TADRESS OTY- 57-2P DOCUMENT! WARE STREET ADDRESS OTY- 57-2P DOCUMENT! WARE S	NORTH MIAMI FL 33169						E ■ Zio Code		
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14. 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 receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes	NAME				STR	EET ADDRESS			
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