

2002 UNIFORM BUSINESS REPORT (UBR)

0008977 AT

DOCUMENT # A99000000376

1. Entity Name
REVOC GROUP II, LTD.

FILED

02 MAY 16 PM 12:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 560 N.W. 165TH STREET ROAD, THIRD FLOOR NORTH MIAMI FL 33169	Mailing Address P.O. BOX 85066 HALLANDALE FL 33008
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

DUE BY MAY 1, 2002

4. FEI Number **65-1006395**

Applied For	
Not Applicable	

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

REVOC GROUP II, INC.
560 N.W. 165TH STREET ROAD, THIRD FLOOR
NORTH MIAMI FL 33169

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 _____ DATE _____

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

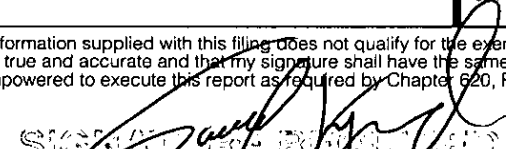
9. Capital Contributions as Shown on record. \$1,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED 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 #	P99000021572
NAME	REVOC GROUP II, INC.
STREET ADDRESS	560 N.W. 165TH STREET ROAD, THIRD FLOOR
CITY-ST-ZIP	NORTH MIAMI FL 33169
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	7000005694937--6
CITY-ST-ZIP	-06/06/02--01071--005 *****88.75 *****88.75
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	7000005694937--6
CITY-ST-ZIP	-06/06/02--01071--006 *****52.50 *****52.50
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

4/19/02

Date Daytime Phone #

CP2E003 (9/01)