

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000000943**

1. Entity Name

TRIVEST FUND II GROUP, LTD.

FILED

02 MAR 18 PM 3:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**2665 SOUTH BAYSHORE DRIVE, SUITE 800
MIAMI FL 33133**

Mailing Address

**2665 SOUTH BAYSHORE DRIVE, SUITE 800
MIAMI FL 33133**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2002

4. FEI Number

65-0930039

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CALLEJAS, MARIA C

2665 SOUTH BAYSHORE DRIVE, SUITE 800

MIAMI FL 33133

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.

\$34,297,648.51

10. Amount of Capital Contributions
in FLORIDA to date.

\$34,302,648.51

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 # **P95000024317**
NAME **TRIVEST EQUITIES, INC.**
STREET ADDRESS **2665 SOUTH BAYSHORE DRIVE, SUITE 800**
CITY-ST-ZIP **MIAMI FL 33133**

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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CITY-ST-ZIP

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FF \$526.25

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: BY TRIVEST EQUITIES, INC.
MARILYN D. KUEHLER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3-15-02 306-858-2200
Date Daytime Phone #

CR2E003 (9/01)