

2001 UNIFORM BUSINESS REPORT (UBR)

0007830 AF

DOCUMENT # A99000001381

1. Entity Name
JAZCO PROPERTIES II, LTD.

FILED
01 MAR 16 AM 11:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address
234 ALEXANDER PALM RD **234 ALEXANDER PALM RD**
BOCA RATON FL 33432 **BOCA RATON FL 33432**

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Zip Country Zip Country

4. FEI Number Applied For
65-0943701 Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
ZIPPER, JEFFREY A
234 ALEXANDER PALM RD
BOCA RATON FL 33432

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$1,000,000.00**

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **P99000042166**
NAME **ZIP EQUITIES, INC.**
STREET ADDRESS **234 ALEXANDER PALM RD**
CITY-ST-ZIP **BOCA RATON FL 33432**

STREET ADDRESS
CITY-ST-ZIP
300003889093--2
-03/20/01--01111--007
*****535.00 ***535.00**

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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: **Jeffrey A Zipper**
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/13/01 **954 520 8534**
Date Daytime Phone #

CR2E003 (11/00)