

# 2002 UNIFORM BUSINESS REPORT (UBR)

0002878 AB

**DOCUMENT # B95000000468**

1. Entity Name  
**CARGEX ORLANDO II LIMITED PARTNERSHIP**

**FILED**  
**02 JUL 23 AM 10:10**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**



Principal Place of Business  
**49 ATLANTIC PLACE**  
**SOUTH PORTLAND ME 04106**

Mailing Address  
**49 ATLANTIC PLACE**  
**SOUTH PORTLAND ME 04106**

2. Principal Place of Business  
**Two Monument Sq**  
Suite, Apt. #, etc. **Ste 910**  
City & State **Portland ME**  
Zip **04101** Country **USA**

3. Mailing Address  
**Two Monument Sq**  
Suite, Apt. #, etc. **Ste 910**  
City & State **Portland ME**  
Zip **04101** Country **USA**

**DUE BY SEPTEMBER 25, 2002**

4. FEI Number **01-0503243** Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND RD.**  
**PLANTATION FL 33324**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$200.00**

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 # NAME STREET ADDRESS CITY-ST-ZIP	<b>F95000006224</b> <b>CARGEX ORLANDO II PROPERTIES, INC.</b> <b>610 49 ATLANTIC PLACE</b> <b>SOUTH PORTLAND ME 04106</b>	STREET ADDRESS CITY-ST-ZIP	<b>TWO MONUMENT SQ SUITE 910</b> <b>PORTLAND ME 04101</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	<b>BK</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	<b>200006762782--6</b> <b>-07/30/02--01049--008</b> <b>****141.25 ****141.25</b>
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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:** SIGNATURE REQUIRED ROSENICH **7-10-02** **207.773.5841**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (4/02)