

2001 UNIFORM BUSINESS REPORT (UBR)

0016912 AF

DOCUMENT # B97000000083

1. Entity Name

NOZAR II LIMITED PARTNERSHIP

Principal Place of Business

% THE NEWKIRK GROUP
100 JERICHO QUADRANGLE, #214
JERICHO NY 11753

Mailing Address

% THE NEWKIRK GROUP
100 JERICHO QUADRANGLE, #214
JERICHO NY 11753

FILED

JAN 30 PM 12:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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 06-1319415

Applied For
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

UNITED STATES CORPORATION COMPANY
1201 HAYES ST., SUITE 105
TALLAHASSEE FL 32301

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. (NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record.

\$0.00

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

DOCUMENT # F97000000699
NAME NOZAR CORP.
STREET ADDRESS 100 JERICHO QUADRANGLE, #214
CITY-ST-ZIP JERICHO NY 11753

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

000003630200--8

STREET ADDRESS

CITY-ST-ZIP

02/02/01--01042--001

****141.25 ****141.25

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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:

By: Nozar Corp., general partner
SPINA AUSTON FMOPIER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

ASS + SECY

Date

Daytime Phone #

11/5/2001 516
681 3636

CR2E003 (1/1/01)