

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2001 8:00 am
Secretary of State

05-12-2001 90048 034 ***150.00

DOCUMENT # F93000005705

1. Entity Name

ASSOCIATED HOUSING DEVELOPMENT CORP. II

Principal Place of Business

Mailing Address

17383 SUNSET BLVD
 STE A230
 PACIFIC PALISADES CA 90272

17383 SUNSET BLVD
 STE A230
 PACIFIC PALISADES CA 90272

2. Principal Place of Business

3. Mailing Address

17383 Sunset Blvd.
 (Suite/Apt. #, etc.)
A-230

17383 Sunset Blvd.
 (Suite/Apt. #, etc.)
A-230

City & State

City & State

pacific palisades, CA

pacific palisades, CA

Zip

Country

Zip

Country

90272

U.S.A

90272

U.S.A

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

B&C CORPORATE SERVICES OF CENTRAL FLORIDA
390 NORTH ORANGE AVENUE, SUITE 1100
ORLANDO FL 32801

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. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **DST WOJCIECHOWSKI, MICHAEL**
 STREET ADDRESS **327 SWARTHMORE AVE**
 CITY-ST-ZIP **PACIFIC PALISADES CA**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **P MCENULTY, FRANK E**
 STREET ADDRESS **17383 SUNSET BLVD, SUITE A-230**
 CITY-ST-ZIP **PACIFIC PALISADES CA 38**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/01
 Date

310-230-2300 x-100
 Daytime Phone #

CR2E034 (10/00)