

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000000892

1. Entity Name

I.P.C. INVESTMENT II, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JAN 10 PM 4:39

Principal Place of Business
2500 WESTON ROAD, N-105
FT. LAUDERDALE FL 33331

Mailing Address
2500 WESTON ROAD, N-105
FT. LAUDERDALE FL 33331-3616



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

65-0851305

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BEFELER, GEORGE ESQ.
NATIONSBANK TOWER
100 SOUTHEAST 2ND STREET, SUITE 3700
MIAMI FL 33131

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10.

ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
BRICENO, DOUGLAS
2500 WESTON ROAD, SUITE 103
FT. LAUDERDALE FL 33331 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
300003102423-2
-01/19/00--01040--014
*****50.00 *****50.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
BRICENO, INES C
2500 WESTON ROAD, SUITE 103
FT. LAUDERDALE FL 33331 ☐ Delete

TITLE
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

01/04/2000 (954) 3497644
Date Daytime Phone #

CR2E083 (9/99)