

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000000892

1. Entity Name

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

FILED

01 MAY 11 AM 9:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

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

Mailing Address

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0851305

Applied For

Not Applicable

Zip

Country

Zip

Country

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

300004383593--0

-06/08/01--01059--001

\*\*\*\*\*50.00 \*\*\*\*\*50.00

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

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11. 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 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 REQUIRED

04-24-2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #