

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000001129

1. Entity Name

HELIX MANAGEMENT COMPANY II, L.L.C.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 FEB 24 AM 11:39

Principal Place of Business

98 BATTERY STREET

SUITE 600

SAN FRANCISCO CA 94111

Mailing Address

98 BATTERY STREET

SUITE 600

SAN FRANCISCO CA 94111-5529

2. Principal Place of Business

340 Sunset Drive, #1801

3. Mailing Address

340 Sunset Drive, #1801

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

City & State

Fort Lauderdale, FL

4. FEI Number

94-3267930

Applied For

Not Applicable

Zip

33301

Country

US

Zip

33301

Country

US

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

UNITED CORPORATE SERVICES

9200 SOUTH DADELAND BLVD

SUITE 508

MIAMI FL 33156

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

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

my 3/7/00

9. MANAGING MEMBERS/MEMBERS

TITLE MGRM ☐ Delete  
NAME STERN, YOAV  
STREET ADDRESS 98 BATTERY STREET SUITE 600  
CITY-ST-ZIP SAN FRANCISCO CA 94111

TITLE MGRM ☐ Delete  
NAME NEDIVI, ZIVI R  
STREET ADDRESS 14000 NW 4TH STREET  
CITY-ST-ZIP SUNRISE FL 33325

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGRM ☒ Change ☐ Addition  
NAME STERN, YOAV  
STREET ADDRESS 340 SUNSET DRIVE, #1801  
CITY-ST-ZIP FT. LAUDERDALE, FL 33301

TITLE MGRM ☒ Change ☐ Addition  
NAME NEDIVI, ZIVI R.  
STREET ADDRESS 1764 NW 100 TERRACE  
CITY-ST-ZIP PLANTATION, FL 33324

TITLE ☐ Change ☐ Addition  
NAME 8000002165568-3  
STREET ADDRESS -03/10/00-01094-016  
CITY-ST-ZIP \*\*\*\*\*50.00 \*\*\*\*\*50.00

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

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

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

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

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

Date

Daytime Phone #

2/21/00

CR2E083 (9/99)