

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000076503

1. Entity Name

RELATED PROPERTIES II, INC.

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90094 033 ***150.00

Principal Place of Business
299 CAMINO GARDENS BLVD., STE. 204
BOCA RATON FL 33432

Mailing Address
299 CAMINO GARDENS BLVD., STE. 204
BOCA RATON FL 33432-5822

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0809272

Applied For

Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VOGEL, WENDY E
299 CAMINO GARDENS BLVD., STE. 204
BOCA RATON FL 33432

Name Ryan E. Willits
Street Address (P.O. Box Number is Not Acceptable)
Eisen & Willits

299 CAMINO GARDENS, BLVD, St. 204

City Boca Raton FL Zip Code 33432

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

Ryan E. Willits

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, 2000 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 **DPS**
STREET ADDRESS **LEVIN, ZVI**
CITY-ST-ZIP **P/O/ BOX 4110**
BOCA RATON FL 33429-4110

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

TITLE ☐ Delete
NAME **DV**
STREET ADDRESS **GORTENBURG, MICHAEL**
CITY-ST-ZIP **2917 W. 112TH ST.**
LEAWOOD KS 66212

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

Date

Daytime Phone #

4-11-00

561-391-9233