2003	FOR	PROFIT	CORPORA	MOITA
<b>UNIFO</b>	RM I	BUSINES	S REPORT	(UBR)

DOC	LUC	/FI	TV	#

P97000080090

1. Entity Name

SMALL COMMERCIAL PROPERTIES CORPORATION II



FILED

03 JAN 23 AM 9:02

SECRETARY OF STATE TALLAHASSEE, FLOGIDA

Principal Place of Business							
1675 PALM BEACH LAKES BLY	VD., STE. 1002						
W. PALM BEACH FL 33401							

Mailing Address

1675 PALM BEACH LAKES BLVD., STE. 1002

W. PALM BEACH FL 33401		ATTN: JOHN ERDEY W. PALM BEACH FL 33401											
2. Principal Place of Business		3. Mailing Address							<b>                                    </b>	10111 05111 05110 i	i		
Suite, Apt. #, etc.		Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES							
City & State			City & State				1 65-11/85314 1			oplied For ot Applicable			
Zip	Zip Country Zip Co				Coun	try		5. Certificate of Status Desired   \$8.75 Adding Fee Required					
	6. Name	and Address of Current I	Register	ed Agent				7. Na	ime and Address o	f New Registered	Agent		
			_	<u> </u>		Name			· <u></u>				
ERBEY, JO	OHN R								· · · · · · · · · · · · · · · · · · ·				
-		AKES BLVD., STE. 1002	,			Street A	ddress (P.0	O. Box	x Number is Not Acc	ceptable)			
	BEACH FL		4				<del></del>			,- <u>,-,-</u>	<del></del>		
						City				FI	Zip Cod	e	
	named entity tions of regist	y submits this statement for ered agent.	the purp	oose of changing its	registere	ed office or	registered	d agen	nt, or both, in the Sta	ate of Florida. I am	familiar with,	and accept	
												1	
SIGNATURE	Signature typed	or printed name of registered agent a	and title if any	plicable (NOTE	Registerer	Agent signat	ure required wh	hen reins	station)	DATE			
		or printed having or registered against		I (NO.2	. Hogisteret	17 Ago III Olgridi	-				<del></del>		
F	ILE NOW!!	! FEE IS \$150.00							9. Election Camp	paign Financino	<b>\$</b> 5.0	<b>0</b> May Be	
	• •	3 Fee will be \$550.00	_						Trust Fund Co	• • •		to Fees	
Make Check	k Payable to	Florida Department of	State										
10.		OFFICERS AND I	DIRECTO	ORS	11.			ADD	ITIONS/CHANGES	TO OFFICERS AN	D DIRECTOR	S IN 11	
TITLE	D			☐ Delete	TITLE				•		Change	☐ Addition	
NAME	ERBEY, WI				NAME	•	1	400010423794 01/22/0301075021 **150,00					
STREET ADDRESS		i beach lakes blvd.,	, STE. 1	1002	STREE	et address							
CITY-ST-ZIP	W. PALM E	BEACH FL 33401			CITY-	ST-ZIP		Q.	1/22/0301	075021	**150.D	0	
TITLE	Р			☐ Delete	TITLE						☐ Change	☐ Addition	
NAME	FARIS, RO	NALD M			NAME							ľ	
STREET ADDRESS	1675 PALM	BEACH LAKES BLVD			STREE	ET ADDRESS							
CITY-ST-ZIP	WEST PAL	M BEACH FL 33401			CITY-	ST-ZIP							
TITLE	S			☐ Delete	TITLE						☐ Change	☐ Addition	
NAME	ERBEY, JO	HN			NAME							_	
STREET ADDRESS		BEACH LAKES BLVD			STREE	T ADDRESS	-						
CITY-ST-ZIP		M BEACH FL 33401			CITY-	ST-ZIP							
TITLE	SVP		_	∑ Delete	TITLE		v				X Change	☐ Addition	
NAME	BARNES, J	OHN		L bolors	NAME		MARK	.J.	NICHOLS		. (EF SHEINGS		
		I BEACH LAKESB BLVD	)		•	T ADDRESS			M BEACH LA	VEC RIVID		j	
CITY-ST-ZIP		M BEACH FL 33401	-		CITY-	ST-ZIP			M BEACH, F			}	
TITLE	VΤ			☑ Delete	TITLE		VT	1 WT	EL DEMOR, F	73401	☑ Change	Addition	
NAME	1 * '	SKI, THOMAS J		TO DEICIC	NAME		l · –	eli o	DOVOC		THE CHARINGS	Faculoii	
STREET ADDRESS		BEACH LAKES BLVD				T ADDRESS			DOKOS	1700 Br.		j	
CITY-ST-ZIP		M BEACH FL 33401				ST-ZIP			M BEACH LA				
TITLE	SVP			☐ Delete	TITLE		WEST	.P.AL	M BEACH, F	ь <u>33</u> 401	☐ Change	Addition	
NAME	SHEPRO, V	VILLIAM B		□ Detere	NAME						unungu		
		BEACH LAKES BLVD				T ADDRESS						}	
CITY-ST-ZIP		M BEACH FL 33401				ST-ZIP							

12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an arteress with all other the empowered.

**SIGNATURE:** 

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OF MEET OF SIGNING OF SI

<del>561=682-8000</del>