

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000001657**

1. Entity Name  
**Alliant Tax Credit II, Inc.**

**FILED**  
**May 23, 2000 8:00 am**  
**Secretary of State**

05-23-2000 90192 044 \*\*\*150.00

Principal Place of Business

**340 Royal Poinciana Way**  
**Suite 305**  
**Palm Beach, FL 33480**

Mailing Address

**340 Royal Poinciana Way**  
**Suite 305**  
**Palm Beach, FL 33480**

**00048356**

2. Principal Place of Business

**340 Royal Poinciana Way**  
**Suite, Apt. #, etc. Suite 305**

3. Mailing Address

**340 Royal Poinciana Way**  
**Suite, Apt. #, etc. Suite 305**

DO NOT WRITE IN THIS SPACE

City & State  
**Palm Beach, FL**

City & State  
**Palm Beach, FL**

4. FEI Number  
**65-080 9762**

Applied For  
Not Applicable

Zip  
**33480**

Country

Zip  
**33480**

Country

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

6. Name and Address of Current Registered Agent

**Hamlin, Curtis D. Esq.**  
**1205 Manatee Avenue West**  
**Bradenton, FL 34205**

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**President**  
**Shawn Horwitz**  
**340 Royal Poinciana Way Suite 305**  
**Palm Beach, FL 33480**

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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 address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Shawn Horwitz**

**4/17/00**

Date

**(561) 833-4211**

Daytime Phone #

CR2E034 (9/99)