

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000007206**

1. Entity Name

**G & B DIVERSIFIED I, L.L.C.**

Principal Place of Business

**10707 SOUTHWEST 51ST STREET  
FT. LAUDERDALE FL 33328**

Mailing Address

**10707 SOUTHWEST 51ST STREET  
FT. LAUDERDALE FL 33328**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65097559**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

**FILED**

**01 JUL 23 AM 8:47**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



6. Name and Address of Current Registered Agent

**TRANTALIS, DEAN J ESQ.  
2255 WILTON DR.  
WILTON MANORS FL 33305**

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  
Due By September 26, 2001**

**700004500027--3**

**07/26/01-01060-008**

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

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR**  Delete  
NAME **FREUNDLICH, BARBARA**  
STREET ADDRESS **202 MYRTLE STREET**  
CITY-ST-ZIP **HAWORTH NJ 07641**

TITLE **MGR**  Delete  
NAME **KAUFMAN, GARY**  
STREET ADDRESS **10707 SOUTHWEST 51ST STREET**  
CITY-ST-ZIP **FT. LAUDERDALE FL 33328**

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  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
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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: *Gary Kaufman* **SIGNATURE REQUIRED**

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

Date

Daytime Phone #

CR2E083 (5/01)

STRIKE CHECK HERE