

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000002399

1. Entity Name

MINK ASSOCIATES II, LLC

FILED
Jul 21, 2002 8:00 am
Secretary of State

07-21-2002 90014 018 ****50.00

970732



DO NOT WRITE IN THIS SPACE

4. FEI Number **APPLIED FOR**
16-1582223Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

DAMONTE, JONATHAN JAMES
12110 SEMINOLE BLVD.
LARGO FL 33778

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 May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
ROSS, GERALD
~~1588 PENFIELD DRIVE~~
ROCHESTER NY 14625 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
MINK, MILTON
5 BRAGDON DRIVE
ROCHESTER NY 14618 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
MINK, ARLENE H
5 BRAGDON DRIVE
ROCHESTER NY 14618 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
84 S. Main St
Fairport NY 14450TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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

Date

Filing Fees

CR2E083 (9/01)