

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000004207

1. Entity Name
HIALEAH SERVICES II, LLC

Principal Place of Business
105 EAST 21ST STREET
HIALEAH FL 33010

Mailing Address
105 EAST 21ST STREET
HIALEAH FL 33010

2. Principal Place of Business

3. Mailing Address

P.O. Box 158

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

HIALEAH FL

Zip

Country

Zip

Country

33011

MIAMI DADE

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRUNETTI, JOHN J
105 EAST 21ST STREET
HIALEAH FL 33010

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

400004383604--4
-06/08/01--01059--010
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME ☐ Delete
Gibraltar Investment & Securities Corp.
STREET ADDRESS 1655 US Hwy 9
CITY-ST-ZIP Old Bridge, NJ 08857

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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: *[Signature]* 3/12/01 305-885-8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #