

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000021913

1. Entity Name

G.T.M. SOBE, LLC

FILED
Sep 15, 2002 8:00 am
Secretary of State

09-15-2002 90091 040 ****50.00

0005133

Principal Place of Business

Mailing Address

~~240 HOLLYWOOD BLVD STE 300~~
~~HOLLYWOOD FL 33021~~
XXXXXXXXXX

~~240 HOLLYWOOD BLVD STE 300~~
~~HOLLYWOOD FL 33021~~
XXXXXXXXXX

980703

2. Principal Place of Business

3. Mailing Address

2200 SECAUCUS ROAD
Suite, Apt. #, etc.

2200 SECAUCUS ROAD
Suite, Apt. #, etc.

City & State

NO. BERGEN, NJ

City & State

NO. BERGEN, NJ

4. FEI Number

80-0019871

Applied For

Not Applicable

Zip

Country

U.S.A.

Zip

Country

U.S.A.

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

~~SIRVINK, ALEX~~
~~240 HOLLYWOOD BLVD STE 300~~
~~HOLLYWOOD FL 33021~~
XXXXXXXXXX

Name
JEFFREY D. RUBINSTEIN
Street Address (P.O. Box Number is Not Acceptable)
1428 BRICKELL AVENUE
PENTHOUSE
City **MIAMI** **FL** Zip Code **33131**

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. I am familiar with, and accept the obligations of registered agent.

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 25, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete
NAME **FOLISE, CRAIG**
STREET ADDRESS ~~240 HOLLYWOOD BLVD STE 300~~
CITY-ST-ZIP ~~HOLLYWOOD FL 33021~~

TITLE **MGRM** ☒ Change ☐ Addition
NAME **FOLISE, CRAIG**
STREET ADDRESS **2200 SECAUCUS ROAD**
CITY-ST-ZIP **NO. BERGEN, NJ 07047**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
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:

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

Date

Daytime Phone #

201-348-6300

CR2E083 (4/02)