

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90229 026 *****50.00

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DOCUMENT # L02000030458

1. Entity Name

GIMBEL HOLDING CO. II (FLORIDA), LLC



Principal Place of Business

**5676-78 RIVERDALE AVENUE, SUITE 4B
RIVERDALE NY 10471**

Mailing Address

**5676-78 RIVERDALE AVENUE, SUITE 4B
RIVERDALE NY 10471**

2. Principal Place of Business

415 South Federal Highway

Suite, Apt. #, etc.

3. Mailing Address

415 South Federal Highway

Suite, Apt. #, etc.

City & State

Dania Beach, FL

City & State

Dania Beach, FL

Zip

33004

Country

USA

Zip

33004

Country

USA

4. FEI Number

82-0572422

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**DUNAY, GARY S
5355 TOWN CENTER ROAD, SUITE 801
BOCA RATON FL 33486**

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. 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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **Bernard Gimbel**
STREET ADDRESS **5296 Boca Marina Circle South**
CITY-ST-ZIP **Boca Raton, FL 33487**

TITLE **MGR** ☐ Delete
NAME **Diane Gimbel**
STREET ADDRESS **5296 Boca Marina Circle South**
CITY-ST-ZIP **Boca Raton, FL 33487**

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
NAME
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TITLE ☐ Change ☐ Addition
NAME
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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.

Nicole Champagne, Authorized Representative

SIGNATURE *Nicole Champagne* **REMOVED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/21/03

(954) 920-2727

Date

Daytime Phone #

CR2E083 (10/02)