

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000007222

1. Entity Name

G & B DIVERSIFIED II, L.L.C.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 FEB 24 AM 11:41

Principal Place of Business

10707 SOUTHWEST 51ST STREET  
FT. LAUDERDALE FL 33328

Mailing Address

10707 SOUTHWEST 51ST STREET  
FT. LAUDERDALE FL 33328-3920



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

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

*ny 3/7/00*

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

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

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

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

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

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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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

*Feb 19, 2000*

Date

*954-434-6930*

Daytime Phone #

CR2E083 (9/99)