2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #   **M96000000202**

1. Entity Name

GULF-EMPIRE PROPERTIES, L.L.C.

Principal Place of Business	Mailing Address
39 AVENUE C 1ST FLOOR BAYONNE NJ 07002	39 AVE C P.O. BOX 8 BAYONNE NJ 07002-0008

DO NOT WRITE IN THIS SPACE   **MJH**

2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip Country	Zip Country		

4. FEI Number   22-3440979   ☐ 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
STEINBERG, JEFFREY ESQ. 1200 NO. FEDERAL HIGHWAY, SUITE 200 BOCA RATON FL 33432	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

9. MANAGING MEMBERS / MEMBERS			10. ADDITIONS / CHANGES	
TITLE MGRM **NAME** RUBENSTEIN, STEVEN **STREET ADDRESS** 39 AVENUE C **CITY-ST-ZIP** BAYONNE NJ 07002	☐ Delete		**TITLE** **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	☐ Change ☐ Addition
TITLE MGRM **NAME** RUBENSTEIN, WILLIAM **STREET ADDRESS** 39 AVENUE C **CITY-ST-ZIP** BAYONNE NJ 07002	☐ Delete		**TITLE** **NAME** 200003099712--4 **STREET ADDRESS** -01/14/00--01103--001 **CITY-ST-ZIP** *****50.00 *****50.00	☐ Change ☐ Addition
TITLE **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	☐ Delete		**TITLE** **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	☐ Change ☐ Addition
TITLE **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	☐ Delete		**TITLE** **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	☐ Change ☐ Addition
TITLE **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	☐ Delete		**TITLE** **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	☐ Change ☐ Addition
TITLE **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	☐ Delete		**TITLE** **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: _____   1-7-00   201-437-6500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER   Date   Daytime Phone #

CR2E083 (9/99)