# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED

00 MAY -1 PM 4:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # M97000000651

1. Entity Name
H & G II ASSOCIATES, L.L.C.

| Principal Place of Business | Mailing Address |
|---|---|
| 1333 BROADWAY<br>#1202<br>NEW YORK NY 10018-7204 | 1333 BROADWAY<br>#1202<br>NEW YORK NY 10018-7212 |

| 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 13-3263960 — 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 |
|---|---|
| KEY CORPORATE SERVICES, INC.<br>C/O KEITH MACK LLP<br>200 SOUTH BISCAYNE BLVD., 20TH FLOOR<br>MIAMI FL 33131 | Name: KEY CORPORATE SERVICES INC.<br>Street Address (P.O. Box Number is Not Acceptable): C/O GUNSTER YOAKLEY<br>200 SOUTH BISCAYNE BLVD, 34TH FL<br>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.

SIGNATURE: [signature] 4/24/00
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**

000003258290--0
-05/18/00--01131--004
*****55.00 *****55.00

| 9. MANAGING MEMBERS / MEMBERS | | 10. ADDITIONS / CHANGES | |
|---|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>HIDARY, JACK A<br>1019 EAST 9TH STREET<br>BROOKLYN NY 11230 ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>GOLDSCHMIDT, JONAH<br>1101 EAST 4TH STREET<br>BROOKLYN NY 11230 ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
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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 REQUIRED 4/24/00 212-563-9200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/13)