

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY -1 PM 4:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M97000000651

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

Principal Place of Business
1333 BROADWAY
#1202
NEW YORK NY 10018-7204

Mailing Address
1333 BROADWAY
#1202
NEW YORK NY 10018-7212



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

13-3263960

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

KEY CORPORATE SERVICES, INC.
C/O KEITH MACK LLP
200 SOUTH BISCAYNE BLVD., 20TH FLOOR
MIAMI FL 33131

Name
KEY CORPORATE SERVICES INC.

Street Address (P.O. Box Number is Not Acceptable)

C/O GUNSTER YAKLEY

200 SOUTH BISCAYNE BLVD, 34TH FL

City

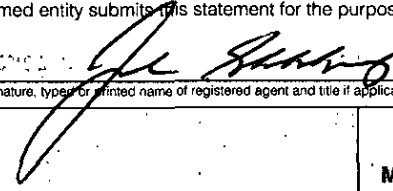
MIAMI

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/24/00

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
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
HIDARY, JACK A
1019 EAST 9TH STREET
BROOKLYN NY 11230 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
GOLDSCHMIDT, JONAH
1101 EAST 4TH STREET
BROOKLYN NY 11230 ☐ Delete

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

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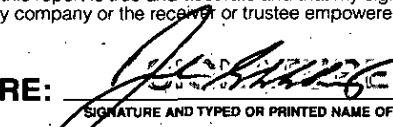
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:  REQUIRED

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

Date

Daytime Phone #

4/24/00

212-563-9200

CR2E083 (9/11)