

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M97000000651

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

FILED
Aug 11, 2002 8:00 am
Secretary of State

08-11-2002 90170 007 *****55.00

Principal Place of Business

1333 BROADWAY
#1202
NEW YORK NY 10018-7204

Mailing Address

1333 BROADWAY
#1202
NEW YORK NY 10018-7204

2. Principal Place of Business

65 West 36th St.

Suite, Apt. #, etc.

Suite 1200

City & State

New York, NY

Zip

10018

Country

USA

3. Mailing Address

65 West 36th St.

Suite, Apt. #, etc.

Suite 1200

City & State

New York, NY

Zip

10018

Country

USA



DO NOT WRITE IN THIS SPACE

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

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

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 Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

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

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

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

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

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)(l), 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (4/02)