

2001 UNIFORM BUSINESS REPORT (UBR)

0001316 AF

DOCUMENT # M98000000163

1. Entity Name
HERNASCO WAREHOUSES LLC

FILED

01 FEB -5 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
17 EAST 47TH STREET
NEW YORK NY 10017

Mailing Address
17 EAST 47TH STREET
NEW YORK NY 10017

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 13-3975485

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name STEWART CARL M.
C/O TAYLOR, STEWART & HOUSTON, P.A.
Street Address (P.O. Box Number is Not Acceptable)
1050 RIVERSIDE AVENUE
City JACKSONVILLE FL Zip Code 32204

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 Carl M. Stewart PARTNER
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

1/17/01
DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

400003675174--7
-02/12/01--01146--008
*****55.00 *****55.00

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGRM
STREET ADDRESS ALCOMA CORPORATION
CITY-ST-ZIP 17 EAST 47TH STREET
NEW YORK NY 10017 ☐ Delete

TITLE NAME MGRM
STREET ADDRESS OKEECHOBEE LLC
CITY-ST-ZIP 17 EAST 47TH STREET
NEW YORK NY 10017 ☐ 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

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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)(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: Howard Rosenbaum
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/1/01 22321-7773
Date Daytime Phone #

CR2E083 (11/00)