

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90008 014 ****55.00

DOCUMENT # M98000000163

1. Entity Name

HERNASCO WAREHOUSES LLC



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



☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**STEWART, CARL M
1050 RIVERSIDE AVENUE
JACKSONVILLE FL 32204**

7. Name and Address of New Registered Agent

Name **CT CORPORATION SYSTEM**

Street Address (P.O. Box Number is Not Acceptable)
1200 SOUTH PINE ISLAND ROAD

City **PLANTATION**

FL

Zip Code **33324**

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

Robert Lohr

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

(NOTE: Registered Agent signature required when reinstating)

3/19/2003

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	ALCOMA CORPORATION	
STREET ADDRESS	17 EAST 47TH STREET	
CITY-ST-ZIP	NEW YORK NY 10017	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	OKEECHOBEE LLC	
STREET ADDRESS	17 EAST 47TH STREET	
CITY-ST-ZIP	NEW YORK NY 10017	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 Rosebaum
HOWARD ROSEBAUM

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/8/03

Date

212-371-7773

Daytime Phone #

CR2E083 (10/02)

0043967