

**2026 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2006 08:00 AM
Secretary of State

DOCUMENT # P93000085100

1. Entity Name
GRAMERCY OPERATING CO., INC.



Principal Place of Business
17475 SOUTH DIXIE HIGHWAY
MIAMI, FL 33157

Mailing Address
1114 WYNWOOD AVE.
CHERRY HILL, NJ 08002



01042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-2090668

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**DO NOT WRITE
IN THIS SPACE**

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 reinstalling)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME LAZOVITZ, STEPHEN M
STREET ADDRESS 1114 WYNWOOD AVE.
CITY- ST- ZIP CHERRY HILL, NJ 08002

TITLE VP
NAME SALL, ROBERT J.
STREET ADDRESS 1114 WYNWOOD AVE.
CITY- ST- ZIP CHERRY HILL, NJ

TITLE VPST
NAME BROWN, LENARD
STREET ADDRESS 1114 WYNWOOD AVE.
CITY- ST- ZIP CHERRY HILL, NJ

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1100000390684
01/24/06-80008-017 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #