

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

001c-65 A1

DOCUMENT # P93000085100

1. Entity Name  
GRAMERCY OPERATING CO., INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 JAN 16 PM 4:56

Principal Place of Business  
17475 SOUTH DIXIE HIGHWAY  
MIAMI FL 33157

Mailing Address  
1114 WYNWOOD AVE.  
CHERRY HILL NJ 08002



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 58-2090668

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OSHINSKY, LEONARD  
1150 EAST HALLANDALE BEACH BLVD,  
SUITE A  
HALLANDALE FL 33009

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 \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

12. 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 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)