

# 2001 UNIFORM BUSINESS REPORT (UBR)

0016312 AF

DOCUMENT # L00000003579

1. Entity Name  
THE PJ GROUP, LLC

FILED

01 APR 26 PM 5:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
16469 BRIDLEWOOD CIRCLE  
DELRAY BEACH FL 33445

Mailing Address  
16469 BRIDLEWOOD CIRCLE  
DELRAY BEACH FL 33445



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
402 PLAZA Real  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
BOCA RATON

City & State

4. FEI Number  
65-0993786

Applied For  
Not Applicable

Zip  
33432 Country  
Palm Beach

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMOLLAR, MARVIN  
16469 BRIDLEWOOD CIRCLE  
DELRAY BEACH FL 33445

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.

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

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MANAGER  
Jeremy Smollar  
16469 Bridlewood Cir  
Delray Beach, FL 33445 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MANAGER  
MARVIN SMOLLAR  
16469 BRIDLEWOOD Circle  
Delray Beach, FL 33445 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
400004163794--9  
-05/08/01--01151--004  
\*\*\*\*\*55.00 \*\*\*\*\*55.00  
☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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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:

*Marvin Smollar*  
MARVIN SMOLLAR

4/23/01 561-737-5805

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

Date

Daytime Phone #

CR2E083 (11/00)