

2001 UNIFORM BUSINESS REPORT (UBR)

0013100

DOCUMENT # L00000008020

1. Entity Name
AJ RESTAURANT NO. 102, L.C.

FILED

WR 3/30

01 MAR 26 AM 9:31

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

4328 FOX RIDGE DRIVE
WESTON FL 33331-4004

Mailing Address

4328 FOX RIDGE DRIVE
WESTON FL 33331-4004

2. Principal Place of Business

4999 S. STATE RD 7

3. Mailing Address

Suite, Apt. #, etc.

City & State

DAVIE, FLORIDA

City & State

Zip

Country

33314

US

4. FEI Number

65-1032948

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

BOLANOS, TRUXTON & YOUNGS, P.A.
2121 PONCE DE LEON BLVD., SUITE 600
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/18/01

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

300003953433-1
-04/03/01-01068-008
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE MGR ☐ Delete
NAME URENA, JOSE
STREET ADDRESS 4328 FOX RIDGE DRIVE
CITY-ST-ZIP WESTON FL 33331-4004

TITLE MGR ☐ Delete
NAME TIKTIN, ADAM
STREET ADDRESS 1041 W. COMMERCIAL BLVD., SUITE 101
CITY-ST-ZIP FT. LAUDERDALE FL 33309

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE ☐ Change ☒ Addition
NAME TREASURER
STREET ADDRESS ELENA URENA
CITY-ST-ZIP 4328 FOX RIDGE DRIVE
WESTON, FL 33331-4004

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

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

TITLE ☐ Change ☐ 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: *Jose Urena*

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

Date

3/19/01

Daytime Phone #

305-835-6661

CR2E083 (11/00)