

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 28, 2002 8:00 am**  
**Secretary of State**

03-28-2002 90126 033 \*\*\*\*50.00

**DOCUMENT # L01000009880**

1. Entity Name  
**ABE'S EUROPEAN AUTO, L.L.C.**

Principal Place of Business <b>342 TONEY PENNA DRIVE JUPITER FL 33458</b>	Mailing Address <b>342 TONEY PENNA DRIVE JUPITER FL 33458</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>342 Toney Penna Drive</b> Suite, Apt. #, etc. <b>#6</b>	3. Mailing Address <b>342 Toney Penna Drive</b> Suite, Apt. #, etc. <b>#6</b>
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City & State <b>Jupiter, FL</b>	City & State <b>Jupiter, FL</b>	4. FEI Number <b>36-4456258</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33458</b>	Country <b>U.S.A.</b>	Zip <b>33458</b>	Country <b>U.S.A.</b>

6. Name and Address of Current Registered Agent <b>HAJJAJ, ABDESSELAM 342 TONEY PENNA DRIVE JUPITER FL 33458</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE <b>PRESIDENT</b>	<input type="checkbox"/> Delete	TITLE <b>PRESIDENT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME <b>ABDESSELAM HAJJAJ</b>	
STREET ADDRESS		STREET ADDRESS <b>342 TONEY PENNA DR #6</b>	
CITY-ST-ZIP		CITY-ST-ZIP <b>JUPITER FL 33458</b>	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: **X** **ABDESSELAM HAJJAJ** **3/11/02** **561 741-8686**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)