

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

A99000001802

1. Entity Name

LJM Group Investments Ltd.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 13 AM 11:43

Principal Place of Business

Mailing Address

531 N. Ocean Blvd #1004
Pompano Bch. Fl.
33062

same

2. Principal Place of Business

3. Mailing Address

Pompano Bch.
Suite, Apt. #, etc.
1004

531 N. Ocean Blvd.
Suite, Apt. #, etc.
1004

DO NOT WRITE IN THIS SPACE

City & State
Pompano Bch.
Zip
33062

Country
USA

City & State
Pompano Bch.
Zip
33062

Country
USA

4. FEI Number

65-0982497

Applied For

Not Applicable

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

Spiegel & Utrera P.A.
343 Almeria Ave
Coral Gables, Fl. 33134

Name

Samuel Genco

Street Address (P.O. Box Number is Not Acceptable)

531 N. Ocean Blvd #1004

City

Pompano Bch.

FL

Zip Code

33062

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

Samuel Genco

Samuel Genco

4-11-2000

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$5,000

10. Amount of Capital Contributions
in FLORIDA to date.

\$5,000

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME Samuel Genco
STREET ADDRESS 531 N. Ocean Blvd 1004
CITY-ST-ZIP Pompano Bch. Fl. 33062

STREET ADDRESS

CITY-ST-ZIP

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14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

Samuel Genco Samuel Genco

3-22-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

954 785-1698

CR2E003 (9/99)