

2001 UNIFORM BUSINESS REPORT (UBR)

0000404 AF

DOCUMENT # L00000004132

1. Entity Name
M.A.J.D., L.L.C.

Principal Place of Business
1428 BRICKELL AVENUE
MIAMI FL 33131

Mailing Address
1428 BRICKELL AVENUE
MIAMI FL 33131

FILED

01 MAR 30 AM 8:34

SECRETARY OF STATE



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7546 LA PAZ BLVD
Suite, Apt. #, etc.
403

3. Mailing Address
7546 LA PAZ BLVD
Suite, Apt. #, etc.
403

City & State
BOCA RATON, FL
Zip
33433
Country
USA

City & State
BOCA RATON, FL
Zip
33433
Country
USA

4. FEI Number
04-3523567

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MANASTER, JOSHUA D
1428 BRICKELL AVENUE
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name
GILBERT MEYEROWITZ
Street Address (P.O. Box Number is Not Acceptable)
7546 LA PAZ BLVD APT 403
City
BOCA RATON FL Zip Code
33433

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
Gilbert Meyerowitz
(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

2/23/2001
DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

200003993022--5
-04/12/01--01006--016
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C.E.O. GILBERT MEYEROWITZ 7546 LA PAZ BLVD APT 403 BOCA RATON, FL 33433 MGR	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY MICHAEL COOPERSMITH 16 MEADOW LANE RUSLYN HTS, N.Y. 11577 MGR	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER HUMM COOPERSMITH 16 MEADOW LANE RUSLYN HTS, N.Y. 11577 MGR	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT JOSHUA A. MEYEROWITZ 7 GREAT MEADOW RD LOCUST VALLEY, N.Y. 11560 MGR	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT DANIEL MEYEROWITZ 7 GREAT MEADOW RD LOCUST VALLEY, N.Y. 11560 MGR	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

10. ADDITIONS/CHANGES

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

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
Gilbert Meyerowitz
(Signature and typed or printed name of signing managing member, manager, or authorized representative)

GILBERT MEYEROWITZ 2/23/2001
Date Daytime Phone #

CR2E083 (11/00)