## 2002 UNIFORM BUSINESS REPORT (UBR)

## FILED Mar 05, 2002 8:00 am DOCUMENT # L0000004132 Secretary of State 1. Entity Name M.A.J.D., L.L.C. 03-05-2002 90261 001 \*\*\*\*\*5.00 03-05-2002 90261 002 \*\*\*\*50.00 Principal Place of Business Mailing Address 7546 LA PAZ BLVD 7546 LA PAZ BLVD #403 **BOCA RATON FL 33433 BOCA RATON FL 33433** 2. Principal Place of Business 3. Mailing Address ! Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 04-3523567 Not Applicable Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MEYEROUITZ, GILBERT Street Address (P.O. Box Number is Not Acceptable) 7546 LA PAZ BLVD #403 **BOCA RATON FL 33433** City 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. DATE (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 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES MGR ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME MEYEROUITZ. GILBERT NAME STREET ADDRESS STREET ADDRESS 7546 LA PAZ BLVD APT 403 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33433** Change ☐ Addition ☐ Delete TITLE NAME COOPERSMITH, MICHAEL NAME STREET ADDRESS **66 MEADOW LANE** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **ROSLYN HTS NY 11577** Change Addition TITLE ☐ Delete TITI F COOPERSMITH, ADAM NAME NAME STREET ADDRESS **66 MEADOW LANE** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ROSLYN HTS NY 11577 TITLE Change ☐ Addition TITLE ☐ Detete MEYEROUITZ, JOSHUA A NAME NAME STREET ADDRESS STREET ADDRESS 7 GREAT MEADOW RD CITY-ST-ZIP CITY-ST-ZIP LOCUST VALLEY NY 11560 MGR ☐ Change ☐ Addition TITI F Delete ! TITLE MEYEROUITZ, DANIEL NAME NAME STREET ADDRESS STREET ADDRESS 7 GREAT MEADOW RD CITY-ST-7IP CITY-ST-ZIP LOCUST VALLEY NY 11560 Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS

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 true e provided provided by Chapter 608, Florida Statutes.

CITY-ST-ZIP

CITY-ST-ZIP

1EYEROUITZ2/16/02 561 G MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE