

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90577 008 ****50.00

DOCUMENT # 00000008015

1. Entity Name

AJ Restaurant No. 103, L.C.

DO NOT WRITE IN THIS SPACE

957293

2. Principal Place of Business

721 S. Federal Highway

Suite, Apt. #, etc.

3. Mailing Address

915 Middle River Drive

Suite, Apt. #, etc.

304

DO NOT WRITE IN THIS SPACE

City & State

Deerfield Beach, FL

City & State

FT. Lauderdale, FL

4. FEI Number

65-1032946

Applied For

Not Applicable

Zip

33441

Country

BROWARD

Zip

33304

Country

BROWARD

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

OSCAR E. Soto

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

915 Middle River Drive

Suite 304

City

FT. Lauderdale

FL

Zip Code

33364

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

[Signature]

OSCAR E. Soto, Manager 5-1-02

DATE

FEE IS \$50.00

Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE MANAGER MGR
NAME ARIF Hussain
STREET ADDRESS 721 S. Federal Highway
CITY-ST-ZIP Deerfield Beach, FL

TITLE MANAGER MGR
NAME OSCAR E. Soto
STREET ADDRESS 915 Middle River Drive
CITY-ST-ZIP FT. Lauderdale, FL 33304

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

[Signature]

OSCAR E. Soto

MANAGER

5-1-02

954-567
1776

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

Date

Daytime Phone #

CR2E083B (12/01)