

2001 UNIFORM BUSINESS REPORT (UBR)

0013102 AF

DOCUMENT # L00000008017

1. Entity Name

AJ RESTAURANT NO. 101, L.C.

Principal Place of Business

4328 FOX RIDGE DRIVE
WESTON FL 33331-4004

Mailing Address

4328 FOX RIDGE DRIVE
WESTON FL 33331-4004

2. Principal Place of Business

2801 STIRLING ROAD

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

HOLLYWOOD, FLORIDA

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1032950

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

BOLANOS, TRUXTON & YOUNGS, P.A.
2121 PONCE DE LEON BLVD., SUITE 600
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

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

City

FL

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

900003953409--5
-04/03/01--01068--002
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE MGR
NAME URENA, JOSE
STREET ADDRESS 4328 FOX RIDGE DRIVE
CITY-ST-ZIP WESTON FL 33331-4004 ☐ Delete

TITLE MGR
NAME TIKTIN, ADAM
STREET ADDRESS 1041 W. COMMERCIAL BLVD., SUITE 101
CITY-ST-ZIP FT. LAUDERDALE FL 33309 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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

TITLE TREASURER
NAME ELENA URENA
STREET ADDRESS 4328 FOX RIDGE DRIVE
CITY-ST-ZIP WESTON, FL 33331-4004 ☐ Change ☒ Addition

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

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

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:

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

Date

Daytime Phone #

CR2E083 (11/00)