LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State
05-12-2002 90577 007 ****50.00

DOCUMENT # L00000008017

1. Entity Name

AJ RESTAURANT No. 101, L.C.

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2. Principal Place of Business	3. Mailing Address
2810 STIRLING Rd	915 middle RIVER Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc. 304
City & State: Hollywood, FL	City & State: FT. Lauderdale, FL
Zip: 33020 Country: BROWARD	Zip: 33304 Country: BOWARD

4. FEI Number: 65-1032950 ☐ Applied For ☐ Not Applicable

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

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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: 33304

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: Oscar E. Soto, OSCAR E. Soto, Secretary-Member 5-1-02
Signature, typed or printed name of registered agent and title if applicable. 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	2810 STIRLING Road
CITY-ST-ZIP	Hollywood, FL 33020
TITLE	MANAGER MGR
NAME	OSCAR E. SOTO
STREET ADDRESS	915 middle RIVER Drive
CITY-ST-ZIP	FT. Lauderdale, FL 33304
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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.

954-567-1776

SIGNATURE: Oscar E. Soto, Oscar E. Soto, MANAGER 5-1-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #