

2001 UNIFORM BUSINESS REPORT (UBR)

0013103 AF

DOCUMENT # L00000008018

1. Entity Name

AJ HOLDINGS & INVESTMENTS, L.C.

FILED

4/3/30

01 MAR 26 AM 9:32

Principal Place of Business

4328 FOX RIDGE DRIVE
WESTON FL 33331-4004

Mailing Address

4328 FOX RIDGE DRIVE
WESTON FL 33331-4004

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1036545

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

600003953436--1
-04/03/01-01068-009
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

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

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

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

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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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 REQUIRED

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

Date

Daytime Phone #

CR2E083 (11/00)