

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

0010375

03-14-2002 90008 034 *****50.00

DOCUMENT # L00000008305

1. Entity Name

PJG WATSON, L.L.C.

Principal Place of Business

**11000 SW 57TH AVENUE
 MIAMI FL 33156**

Mailing Address

**11000 SW 57TH AVENUE
 MIAMI FL 33156**

00043018



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1061497

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

**LERNER, ALLAN M
 2888 EAST OAKLAND PARK BLVD.
 FORT LAUDERDALE FL 33306**

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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE Delete
 NAME **MGR**
 STREET ADDRESS **LEVINE, BERN**
 CITY-ST-ZIP **11000 SW 57TH AVENUE**
MIAMI FL 33156

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE Change Addition
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 CITY-ST-ZIP

TITLE Change Addition
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 CITY-ST-ZIP

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TITLE Change Addition
 NAME
 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:

[Handwritten Signature]
 Managing Member

1/23/2

305-669-2000

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

Date

Daytime Phone #

CR2E083 (9/01)