

FILED
Feb 21, 2003 8:00 am
Secretary of State

01-29-2003 90047 047 ****50.00

2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

1/1

DOCUMENT # L00000011746

1. Entity Name

CFPJ, LLC



Principal Place of Business

Mailing Address

1627 BRICKELL, #3000
MIAMI FL 33129

1627 BRICKELL, #3000
MIAMI FL 33129

2. Principal Place of Business

4505 SABAL PALM RD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33137

Country

USA

Zip

33137

Country

USA

4. FEI Number

56-2290751

Applied For

Not Applicable

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

CARLOS M. JUSTO
1627 BRICKELL, #3000
MIAMI FL 33129

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
JUSTO, CARLOS M
1627 BRICKELL AVE. PH-APT. 3000
MIAMI FL 33129

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
4505 SABAL PALM RD.
MIAMI, FL 33137

☒ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 (10/02)



Attachment
55009029
100000011746
7105 5678 7189 3923 7215

016383 200112 SBV

Notice Number: CP 504

Notice Date: 12-23-2002

SSN/EIN: 56-2290751

Caller ID:

|||||

CFPJ L L C
JUSTO CARLOS M MEMBER
3905 ALTON RD
MIAMI BEACH FL 33140-3852056



562290751221

Urgent !!

We intend to levy on certain assets. Please respond NOW.

(To avoid additional penalty and interest, pay the amount you owe within ten days from the date of this notice.)

Our records indicate that you haven't paid the amount you owe. The law requires that you pay your tax at the time you file your return. This is your notice, as required by Internal Revenue Code Section 6331(d), of our intent to levy (take) any state tax refunds that you may be entitled to if we don't receive your payment in full. In addition, we will begin to search for other assets we may levy. We can also file a Notice of Federal Tax Lien, if we haven't already done so. **To prevent collection action, please pay the current balance now.** If you've already paid, can't pay, or have arranged for an installment agreement, it is important that you **call us immediately** at the telephone number shown below.

Account Summary

Form: 1065

Tax Period: 12-31-2001

Current Balance: \$251.44

Includes:

Penalty: \$0.00

Interest: \$1.44

Last Payment: \$0.00

For information on
your penalty & interest
computations, you may
call 1-800-829-8815.

See the enclosed Publication 594, The IRS Collection Process, and Notice 10109.