

2001 UNIFORM BUSINESS REPORT (UBR)

0006941 AF

DOCUMENT # **L00000014759**

1. Entity Name
IJ INVESTMENT GROUP, LLC

FILED

01 MAR -5 PM 3:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**2322 W 78TH ST
HIALEAH FL 33016**

Mailing Address
**2322 W 78TH ST
HIALEAH FL 33016**



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

65-1064364

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

**RUTHERFORD MULHALL & WARGO PA
2600 N MILITARY TRAIL
4TH FLOOR
BOCA RATON FL 33431**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME Delete
MGR GONZALEZ, INOCENCIO J
STREET ADDRESS **2322 W 78TH ST**
CITY-ST-ZIP **HIALEAH FL 33016**

TITLE NAME Change Addition
Member Varela, Julio
STREET ADDRESS **2322 West 78 Street**
CITY-ST-ZIP **Hialeah, FL 33016**

TITLE NAME Delete

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition
400003888534--5
-03/20/01--01082--007
*******50.00 *****50.00**

TITLE NAME Delete

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

TITLE NAME Delete

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

1/15/01 Date **305 556 7849** Daytime Phone #

CR2E083 (11/00)