

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000014932

1. Entity Name

BOJO HOLDINGS, LLC

Principal Place of Business

10131 WEST FOREST HILL BLVD.
SUITE 230
WEST PALM BEACH FL 33414

Mailing Address

10131 WEST FOREST HILL BLVD.
SUITE 230
WEST PALM BEACH FL 33414

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

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

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 September 26, 2001

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	MONTIJO, HARVEY	
STREET ADDRESS	10131 WEST FOREST HILL BLVD.	
CITY-ST-ZIP	WEST PALM BEACH FL 33414	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	PETERSEN, DAVID W.	
STREET ADDRESS	10131 WEST FOREST HILL BLVD #230	
CITY-ST-ZIP	WEST PALM BEACH, FL 33414	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	YEE, GARVIN	
STREET ADDRESS	10131 WEST FOREST HILL #230	
CITY-ST-ZIP	WEST PALM BEACH, FL 33414	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	WAELTZ, MARK	
STREET ADDRESS	10131 W. FOREST HILL #230	
CITY-ST-ZIP	W. PALM BEACH, FL 33414	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 606, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

9/19/01

561-798-6600

FILED

01 SEP 24 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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CR2E083 (5/01)

STAPLE CHECK HERE