

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000015873

1. Entity Name

PRJM&H FINANCIAL SERVICES, L.L.C.

FILED

Principal Place of Business

Mailing Address

01 JUN 21 AM 11:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8370 W. Flagler St.
#125
MIAMI FL. 33144.

2. Principal Place of Business

3. Mailing Address

same

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

00-1064043

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

ROBERT ROTH
8370 W. Flagler Street.
SUITE 125
MIAMI FL. 33144.

Name

Street Address (P.O. Box Number is Not Acceptable)

8370 W. Flagler St. #125

City

MIAMI FL.

FL

Zip Code

33144

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

6/28/01

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE ~~PRESIDENT~~
NAME Robert Perleog, CPA.
STREET ADDRESS 8370 W. Flagler St. #125
CITY-ST-ZIP MIAMI FL. 33144.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ~~TREASURER~~
NAME Robert Roth, CPA
STREET ADDRESS (same)
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ~~SECRETARY~~
NAME Peter Jones, CPA.
STREET ADDRESS (same)
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ~~VICE PRESIDENT~~
NAME Rickey I. Mittelberg CPA
STREET ADDRESS (same)
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ~~VICE PRESIDENT~~
NAME John C. Hartney, CPA.
STREET ADDRESS (same)
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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:

Robert Roth (Robert Roth)

4/4/01 3053341560

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

Date

Daytime Phone #