

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90032 030 \*\*\*\*50.00

**DOCUMENT #** L00000016039

**1. Entity Name**

C.J. ASSOCIATES, L.L.C. ✓

**Principal Place of Business**

**Mailing Address**

16113 EAST GLASSGOW DR.  
 LOXAHATCHEE, FL 33470

956170

**2. Principal Place of Business**

16113 E. GLASSGOW DR.

**3. Mailing Address**

16113 E. GLASSGOW DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**

LOXAHATCHEE, FL

**City & State**

LOXAHATCHEE, FL

**4. FEI Number**

05-1063921

**Applied For**

☐ Not Applicable

**Zip**  
 33470

**Country**  
 USA

**Zip**  
 33470

**Country**  
 USA

**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**

SPIEGEL & UTRERA  
 P.O. 144479  
 CORAL GABLES, FL 33114

**Name**

SAM R

**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**

4/23/02

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

**9. MANAGING MEMBERS / MEMBERS**

**10. ADDITIONS / CHANGES**

**TITLE**  
 OPERATING MGR.  
**NAME**  
 CARL TESION  
**STREET ADDRESS**  
 16113 E. GLASSGOW DR.  
**CITY-ST-ZIP**  
 LOXAHATCHEE, FL 33470

☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Change ☐ Addition

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☐ 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 #

4/23/02

CR2E083 (11/00)