

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 20, 2002 8:00 am**  
**Secretary of State**

DOCUMENT # **L01000006596**

1. Entity Name  
**CEE JAY, LLC**

02-11-2002 90054 011 \*\*\*\*55.00

Principal Place of Business  
**C/O 9000 SW 152ND ST., STE. 102**  
**MIAMI FL 33157**

Mailing Address  
**C/O 9000 SW 152ND ST., STE. 102**  
**MIAMI FL 33157**

**17920**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

4. FEI Number **65-1098353** Applied For  
 Not Applicable

5. Certificate of Status Desired ☒ **\$5.00** Additional Fee Required

## 6. Name and Address of Current Registered Agent

**BROWN, B. MACKAY ESQ**  
**C/O WHITE & BROWN, P.A.**  
**9000 SW 152ND ST., STE. 102**  
**MIAMI FL 33157**

## 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

## 9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>MEMBER</b>			
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

## 10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<b>MGRM</b>	<b>B. MACKAY BROWN</b>	<b>9000 SW. 152 ST #102</b>	<b>MIAMI, FL 33157</b>		<input checked="" type="checkbox"/> Addition
<b>MGRM</b>	<b>Thomas R. Righetti</b>	<b>13724 SW 92 CT</b>	<b>MIAMI, FL 33176</b>		<input checked="" type="checkbox"/> Addition
<b>MGRM</b>	<b>Thomas W. Williamson</b>	<b>7815 SW. 104th ST</b>	<b>MIAMI, FL 33156</b>		<input checked="" type="checkbox"/> Addition
<b>MGRM</b>	<b>Robert K. Russo</b>	<b>13205 SW. 71 Ave.</b>	<b>MIAMI, FL 33156</b>		<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> 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

**B. Mackay Brown Member 1/7/02**

Date

Daytime Phone #

**305-259-8200**