

# 2002 UNIFORM BUSINESS REPORT (UBR)

2/4

**FILED**  
**Mar 12, 2002 8:00 am**  
**Secretary of State**

02-04-2002 90108 021 \*\*\*\*50.00

**DOCUMENT # L01000013272**

1. Entity Name

**EJM GROUP, LLC**

Principal Place of Business

**1001 YAMATO ROAD, SUITE 406  
BOCA RATON FL 33431**

Mailing Address

**1001 YAMATO ROAD, SUITE 406  
BOCA RATON FL 33431**

**17489**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

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

**MILLER, EDWARD JOHN  
1001 YAMATO ROAD, SUITE 406  
BOCA RATON FL 33431**

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 May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME ☐ Delete  
**MGRM  
MILLER, EDWARD JOHN  
1001 YAMATO ROAD, SUITE 406  
BOCA RATON FL 33431**

TITLE NAME ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ 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 608, Florida Statutes.

SIGNATURE:

**SIGNATURE REQUIRED**

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

**1/29/02**

**561-999-0076**

Date

Daytime Phone #

CP2E083 (9/01)