

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2003 8:00 am
Secretary of State

02-20-2003 90022 008 ****50.00

DOCUMENT # L01000014877

1. Entity Name -

AJ PROMOTIONS LLC



Principal Place of Business

Mailing Address

**19333 COLLINS AVE. APT. #708
SUNNY ISLES FL 33160**

**19333 COLLINS AVE. APT. #708
SUNNY ISLES FL 33160**

2. Principal Place of Business

21008 NORTH EAST 34 Ct.

3. Mailing Address

21008 N.E. 34 Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

AVENTURA FLORIDA

City & State

AVENTURA FL.

Zip

33180

Country

USA

Zip

33180

Country

USA

4. FEI Number **65-1141571**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**AGHION, ALBERTO
19333 COLLINS AVE. APT. #708
SUNNY ISLES FL 33160**

7. Name and Address of New Registered Agent

Name **AGHION, ALBERTO**

Street Address (P.O. Box Number is Not Acceptable)
21008 N.E. 34 Ct.

City **AVENTURA**

FL

Zip Code
33180

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FEB 16/03

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☒ Delete
NAME **AGHION, ALBERTO**
STREET ADDRESS **19333 COLLINS AVENUE, #708**
CITY-ST-ZIP **SUNNY ISLES FL 33160**

TITLE **MGR** ☐ Delete
NAME **AGHION, JACQUES**
STREET ADDRESS **19333 COLLINS AVENUE, #708**
CITY-ST-ZIP **SUNNY ISLES FL 33160**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Change ☐ Addition
NAME **AGHION, ALBERTO**
STREET ADDRESS **21008 N.E. 34 Ct.**
CITY-ST-ZIP **AVENTURA FL- 33180**

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ 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: **X**

AGHION, JACQUES

MGR.

FEB 16/03

305-575527

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

Date

Daytime Phone #

CR2E083 (10/02)