

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90256 006 ***550.00

DOCUMENT # L01000020079

1. Entity Name

J.L.J. LLC

Principal Place of Business

C/O MARJORIE E. WOLASKY, P.A.
 9400 S. DADELAND BLVD., STE. 300
 MIAMI FL 33156

Mailing Address

C/O MARJORIE E. WOLASKY, P.A.
 9400 S. DADELAND BLVD., STE. 300
 MIAMI FL 33156

2. Principal Place of Business

Lozee Schwartz Feiler
 Suite, Apt. #, etc.
 7685 SW 104 St. Suite 200

3. Mailing Address

Lozee Schwartz Feiler
 Suite, Apt. #, etc.
 7685 SW 104 St. Suite 200

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

65-1156936

Applied For

Not Applicable

Zip

33156

Country

USA

Zip

33156

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

WOLASKY, MARJORIE E ESQ.
 9400 S. DADELAND BLVD., STE. 300
 MIAMI FL 33156

7. Name and Address of New Registered Agent

Name *Lozee Schwartz Feiler*
 Street Address (P.O. Box Number is Not Acceptable)
~~8241 SW 104 St~~ 7685 SW 104 St.
 Suite 200
 City *MIAMI* FL Zip Code *33156*

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

Lozee Schwartz Feiler
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

4/30/02

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE *Operating Manager* ☐ Delete
 NAME *Lozee Schwartz Feiler*
 STREET ADDRESS *7685 SW 104 St. #200*
 CITY-ST-ZIP *MIAMI FL 33156*

TITLE *Secretary* ☐ Delete
 NAME *Jeffrey E. Feiler*
 STREET ADDRESS *7685 SW 104 St. #200*
 CITY-ST-ZIP *MIAMI FL 33156*

TITLE *Treasurer* ☐ Delete
 NAME *Jay Saylor*
 STREET ADDRESS *7685 SW 104 St.*
 CITY-ST-ZIP *MIAMI FL 33156*

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

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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:

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

Date

Daytime Phone #

4/30/02

CR2E083 (9/01)