

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2003 8:00 am
Secretary of State

02-07-2003 90011 036 ****50.00

DOCUMENT # L02000010034



1. Entity Name
JONES & WANG LLC

Principal Place of Business
726 7TH COURT
PALM BEACH GARDENS FL 33410
US

Mailing Address
726 7TH COURT
PALM BEACH GARDENS FL 33410
US

2. Principal Place of Business

3. Mailing Address

11985 US Hwy 1
Suite 207

11985 US Hwy 1
Suite 207

City & State
North Palm Beach, FL

City & State
North Palm Beach, FL

Zip
33408

Country
USA

Zip
33408

Country
USA

4. FEI Number

03-0431468

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



60024563

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WANG, JERRY
726 7TH COURT
PALM BEACH GARDENS FL 33410

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. 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

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
WANG, JERRY
726 7TH COURT
PALM BEACH GARDENS FL 33410

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
JONES, JOHN A
7757 159TH COURT NORTH
PALM BEACH GARDENS FL 33418

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
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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 #

1/29/03

561-775-7881

CR2E083 (10/02)