

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2003 8:00 am**  
**Secretary of State**

04-04-2003 90003 033 \*\*\*\*50.00

**DOCUMENT # L02000012617**

1. Entity Name

**AJE GOURMET PRODUCTS LLC**



Principal Place of Business

**634 SAND PINE LANE  
DEERFIELD BEACH FL 33442**

Mailing Address

**634 SAND PINE LANE  
DEERFIELD BEACH FL 33442**

2. Principal Place of Business

**3425 HIGGS RD N.  
Suite, Apt. #, etc.**

3. Mailing Address

**3425 HIGGS RD N.  
SUNRISE, FL  
City & State**



☐ CHECK HERE IF MAKING CHANGES

City & State

**SUNRISE, FL**

4. FEI Number

**01-0700634**

Applied For

☐ Not Applicable

Zip

**33351**

Country

Zip

**33351**

Country

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**FAZIO, ANGELO  
634 SAND PINE LANE  
DEERFIELD BEACH FL 33442**

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. 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

TITLE **PARTNER VICE-PRESIDENT** ☐ Delete  
NAME **ANGELO FAZIO**  
STREET ADDRESS **5525 PACIFIC BLVD**  
CITY-ST-ZIP **BOOT ROTON FL 33433**

TITLE **PARTNER PRESIDENT & CEO** ☐ Delete  
NAME **JOSEPH PERROTTA**  
STREET ADDRESS **83 OLD SMALLEYTOWN RD**  
CITY-ST-ZIP **WARREN NJ 07059**

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 ☐ 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: **Joseph Perrotta**

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

**4/1/03**

Date

Daytime Phone #

CR2E083 (10/02)