

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 16, 2003 8:00 am**  
**Secretary of State**

01-16-2003 90229 027 \*\*\*\*50.00

**DOCUMENT # L02000013705**

1. Entity Name

**DJ HEAVEN ENTERPRISES, LLC**



Principal Place of Business

**2784 IRMA LAKE DR.  
WEST PALM BEACH FL 33411**

Mailing Address

**2784 IRMA LAKE DR.  
WEST PALM BEACH FL 33411**

**20009224**

2. Principal Place of Business

**2667-2695 LAKE HAVEN RD.**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**WEST PALM BEACH**

City & State

Zip

**33415**

Country

**USA**

Country

4. FEI Number

**01-0721246**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**FAIRCLOUGH, MICHAEL J  
11380 PROSPERITY FARMS RD., STE. 112  
PALM BEACH GARDENS FL 33410**

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 **PSD** ☐ Delete  
NAME **WONG, DOMINIC**  
STREET ADDRESS **2784 IRMA LAKE DR**  
CITY-ST-ZIP **WEST PALM BEACH, FL 33411**

TITLE **VTC** ☐ Delete  
NAME **LAU, CHI M.**  
STREET ADDRESS **2685 LAKE HAVEN RD.**  
CITY-ST-ZIP **WEST PALM BEACH, FL 33415**

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

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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] REQUIRED**

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

Date

Daytime Phone #

**1/15/03**

**(561) 762-4307**

CR2E083 (10/02)