

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 17, 2003 8:00 am
Secretary of State

07-17-2003 90022 022 ****50.00

DOCUMENT # L02000014378

1. Entity Name

BATSHAJ STORES LLC



Principal Place of Business

**409 SE 1ST AVENUE
FLORIDA CITY FL 33034**

Mailing Address

**409 SE 1ST AVENUE
FLORIDA CITY FL 33034**

2. Principal Place of Business

91860 OVERSEAS HIGHWAY

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

TAVERNIER, FLORIDA

City & State

4. FEI Number

450479799

Applied For

Not Applicable

Zip

33070

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PORCH, CLARENCE E
409 SE 1ST AVENUE
FLORIDA CITY FL 33034**

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 September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **ATJ CORP**
STREET ADDRESS **409 SE 1ST AVENUE**
CITY-ST-ZIP **FLORIDA CITY FL 33034**

TITLE **MGRM** ☐ Delete
NAME **PATEL, SHAMIR S**
STREET ADDRESS **409 SE 1ST AVENUE**
CITY-ST-ZIP **FLORIDA CITY FL 33034**

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:

SIGNATURE OF SHAMIR S. PATEL

7/14/03

305 248 9777

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

Date

Daytime Phone #

0011619

CR2E083 (4/03)