

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000027424

1. Entity Name

AJ PETROLEUM GROUP, LLC



FILED

03 MAY 16 PM 3:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
c/o 2601 BISCAYNE BLVD

3. Mailing Address
P.O. Box 370308

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI, FL

City & State
MIAMI, FL

4. FEI Number 55-0802131

Applied For
Not Applicable

Zip
33137

Country

Zip
33137

Country

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name CORPCO, INC.

Street Address (P.O. Box Number is Not Acceptable)

2699 S. Bayshore Drive 7th Floor

City MIAMI

FL

Zip Code
33133

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.

Corpcos, Inc., by Howard L. Fiallog, Jr Vice President

May 13, 2003

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State
DUE BY MAY 1

00019188987
15/03--01075--012 **50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR
MACDONALD, JOHN
c/o 2699 S. Bayshore Drive, 7th Fl, Miami FL

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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

John MacDonald, Manager

Date

Daytime Phone #

(954) 659-2782

CR2E083B (12/02)