

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90999 042 ****50.00

DOCUMENT # L02000031668

1. Entity Name

A.J.P. ENTERPRISES, LLC



00004700

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6540 NW 114 Ave

3. Mailing Address

6540 NW 114 Ave

Suite, Apt. #, etc.

1406

Suite, Apt. #, etc.

1406

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

74-3071060

☒ Applied For

☐ Not Applicable

Zip

33178

Country

USA

Zip

33178

Country

USA

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 *Vilma Ruche*

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

6540 NW 114 Ave # 1406

City *Miami*

FL

Zip Code

33178

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.

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE *President*
NAME *Abdjo Jattin*
STREET ADDRESS *6540 NW 114 Ave # 1406*
CITY-ST-ZIP *Miami, FL 33178*

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IN THIS SPACE**

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 #

4-21-03 (986) 2344288

CR2E083B (12/02)