

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L 97000001208

1. Entity Name

PMMJD Associates L.L.C.

FILED

01 APR 23 PM 4:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

132 50 SW 7th Ct.
#L206

Pembroke Pines, FL 33027

2. Principal Place of Business

3. Mailing Address

132 50 SW 7th Ct. 132 50 SW 7th Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

L 206

L 206

City & State

City & State

Pembroke Pines, FL.

Pembroke Pines FL.

Zip

Country

Zip

Country

33027

USA

33027

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3493386

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Corporation Service Company
1201 Hays Street
Tallahassee FL 32301

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.

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 Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE Mgr. ☐ Delete
NAME DONAT PIERRE
STREET ADDRESS 132 50 SW 7th Ct. #L206
CITY-ST-ZIP Pembroke Pines, FL 33027

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME 100004135301--1
STREET ADDRESS -05/03/01--01155--002
CITY-ST-ZIP *****50.00 *****50.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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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:

Pierre Donat

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

4/18/01

Date

954-435-7034

Daytime Phone #

CR2E083 (11/00)