

2002 UNIFORM BUSINESS REPORT (UBR)DOCUMENT # **L97000001208**

i. Entity Name

PMMJD ASSOCIATES LLC**FILED**
May 06, 2003 8:00 am
Secretary of State

05-06-2003 90059 049 ***155.00

Principal Place of Business

**132 50 S.W. 7TH COURT
L 206
PEMBROKE PINES FL 33027**

Mailing Address

**132 50 S.W. 7TH COURT
L 206
PEMBROKE PINES FL 33027**

2. Principal Place of Business

**132 50 S.W. 7TH COURT
L 206**

Mailing Address

Suite, Apt. #, etc.

City & State

Pembroke Pines FL

City & State

Zip

Country

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

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-0000**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE WITH FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

**TITLE MGR
NAME DONAT, PIERRE
STREET ADDRESS 132 50 S.W. 7TH COURT, #L206
CITY-ST-ZIP PEMBROKE PINES FL 33027**☐ Delete**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**☐ Delete**TITLE
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CITY-ST-ZIP**☐ Delete**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**☐ Delete

10. ADDITIONS/CHANGES

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

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**4/25/03**