

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000002069

1. Entity Name

RJM ASSOCIATES, LLC

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 AUG -2 PM 1:25

Principal Place of Business

7551 REXFORD ROAD 1945 CEDAR GLEN DRIVE  
BOCA RATON FL 33434

Mailing Address

7551 REXFORD ROAD 1945 CEDAR GLEN DRIVE  
BOCA RATON FL 33434



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BERKOWITZ, RONALD

7551 REXFORD ROAD 1945 CEDAR GLEN DRIVE  
BOCA RATON FL 33434

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/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME MGRM ☐ Delete  
BERKOWITZ, RONALD  
STREET ADDRESS 7551 REXFORD ROAD  
CITY-ST-ZIP BOCA RATON FL 33434

TITLE NAME ☒ Change ☐ Addition  
BERKOWITZ, RONALD  
STREET ADDRESS 1945 CEDAR GLEN DRIVE  
CITY-ST-ZIP BOCA RATON, FL 33434

TITLE NAME MGRM ☐ Delete  
LA-ROCHE, JOSE  
STREET ADDRESS 21216C CLUBSIDE DRIVE  
CITY-ST-ZIP BOCA RATON FL 33434

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

TITLE NAME MGRM ☐ Delete  
NATISS, MARVIN  
STREET ADDRESS 16143 VILLA VIZCAYA PLACE  
CITY-ST-ZIP DELRAY BEACH FL 33446

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

7/12/00

561-488-1366

CR2E083 (5/00)