

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000002069**

1. Entity Name  
**RJM ASSOCIATES, LLC JCE, LLC**

Principal Place of Business

**19452 CEDAR GLEN DRIVE  
BOCA RATON FL 33434**

Mailing Address

**19452 CEDAR GLEN DRIVE  
BOCA RATON FL 33434**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BERKOWITZ, RONALD  
19452 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  
Due By September 26, 2001**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
BERKOWITZ, RONALD  
19452 CEDAR GLEN DRIVE  
BOCA RATON FL 33434** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
Mark Weinstein  
22976 B Oxford place  
Boca Raton, FL 33433** ☐ Change ☒ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**300004536203--2  
-08/15/01--01042--013** ☐ Change ☐ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**\*\*\*\*\*80.00 \*\*\*\*\*55.00** ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**FF \$50.00** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**cus \$5.00** ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**cus \$5.00** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**cus \$5.00** ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**cus \$5.00** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**cus \$5.00** ☐ 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:

**RONALD BERKOWITZ**

Date

Daytime Phone #

**8/8/01 (561) 488-1366**

CR2E083 (5/01)