

2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L99000002277

1. Entity Name
BAKERJIAN & ASSOCIATES, LLC

FILED

00 JAN 27 PM 12:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
1591 E. ATLANTIC BLVD., SUITE 200
POMPANO BEACH FL 33060

Mailing Address
1591 E. ATLANTIC BLVD., SUITE 200
POMPANO BEACH FL 33060-6748

2. Principal Place of Business
Suite, Apt. #, etc.
City & State

3. Mailing Address
Suite, Apt. #, etc.
City & State

Zip Country Zip Country

4. FEI Number
65-0965032

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

INTERNATIONAL COMPANY SERVICES (USA) INC.
1591 E. ATLANTIC BLVD., SUITE 200
POMPANO BEACH FL 33060

7. Name and Address of New Registered Agent

Name
CARLTON MANAGEMENT INC.

Street Address (P.O. Box Number is Not Acceptable)
1591 E. ATLANTIC BLVD #200

City
POMPANO BEACH FL Zip Code
33060

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 DATE 1/20/2000

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

TITLE MGRM
NAME BAKERJIAN, JERRY J ☐ Delete
STREET ADDRESS 1591 E. ATLANTIC BLVD., SUITE 200
CITY-ST-ZIP POMPANO BEACH FL 33060

TITLE MGRM
NAME BAKERJIAN, MICHAEL ☐ Delete
STREET ADDRESS 1591 E. ATLANTIC BLVD., SUITE 200
CITY-ST-ZIP POMPANO BEACH FL 33060

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

300003119793--9
-02/01/00--01133--002
*****50.00 *****50.00

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

TITLE ☐ Change ☐ Addition
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NAME
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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 1/20/2000 (954) 943-1498 Daytime Phone #

CR2E083 (9/99)