

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000003168

1. Entity Name
LJ ENTERPRISES MANAGEMENT, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL 26 AM 8:24

Principal Place of Business
910 FIFTH AVENUE, #14-A
NEW YORK NY 10021

Mailing Address
910 FIFTH AVENUE, #14-A
NEW YORK NY 10021

2. Principal Place of Business

3. Mailing Address
780 NE 69th ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.
2302

City & State

City & State
MIAMI FLA

Zip

Country

Zip
33138

Country

USA

4. FEI Number
65-093-1799

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

SENER, JAY
7080 NORTHEAST 69TH STREET, #2302
MIAMI FL 33138

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	SENER, JONAS	
STREET ADDRESS	910 FIFTH AVENUE, #14-A	
CITY-ST-ZIP	NEW YORK NY 10021	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	100003342501	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	-08/01/00--01081--024	
STREET ADDRESS	*****5.00	*****5.00
CITY-ST-ZIP		
TITLE	100003342501	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	-08/01/00--01081--025	
STREET ADDRESS	*****50.00	*****50.00
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

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

Date

Daytime Phone #

7/19/2000 305-757-3984

CR2E083 (5/00)