2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000003968

1. Entity Name

NJE, LC

Principal Place of Business	Mailing Address
1666 79TH STREET CAUSEWAY. SUITE 600	1666 79TH STREET CAUSEWAY. SUITE 600
MIAMI FL 33141	MIAMI FL 33141-4134

2. Principal Place of Business

P.O. Box 1389

Suite, Apt. #, etc.

Palmetto FLA

City & State

Zip 34220   Country USA

3. Mailing Address

P O Box 1389

Suite, Apt. #, etc.

Palmetto FLA

City & State

Zip 34220   Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0939476

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
CORPORATE ACCESS, INC. 236 EAST 6TH AVENUE TALLAHASSEE FL 32303	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/MEMBERS		**10.** ADDITIONS/CHANGES	
TITLE MGRM **NAME** ESFORMES, NATHAN J **STREET ADDRESS** 1666 79TH STREET CAUSEWAY, SUITE 600 **CITY-ST-ZIP** MIAMI FL 33141	☐ Delete	**TITLE** MGRM **NAME** ESformes, Nathan J. **STREET ADDRESS** 503 10th ST west **CITY-ST-ZIP** Palmetto, FLA 34221	☒ Change ☐ Addition
TITLE **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	☐ Delete	**TITLE** **NAME** **STREET ADDRESS** mf 2/22/00 **CITY-ST-ZIP**	☐ Change ☐ Addition
TITLE **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	☐ Delete	**TITLE** **NAME** 000003148900---8 **STREET ADDRESS** -02/28/00--01019--019 **CITY-ST-ZIP** *****50.00 *****50.00	☐ Change ☐ Addition
TITLE **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	☐ Delete	**TITLE** **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	☐ Change ☐ Addition
TITLE **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	☐ Delete	**TITLE** **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	☐ Change ☐ Addition
TITLE **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	☐ Delete	**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER   Date   Daytime Phone #