

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000004517

1. Entity Name
A.R.J., L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 JUN 30 PM 1:29

Principal Place of Business
C/O REINHARD PECHER
36 SE 13 STREET
DANIA BEACH FL 33004

Mailing Address
C/O REINHARD PECHER
36 SE 13 STREET
DANIA BEACH FL 33004-4329



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
EIN: 65-0937757

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~ANDERSON, JILL-ESQ.~~
4000 HOLLYWOOD BLVD., SUITE 350-N
HOLLYWOOD FL 33021

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 NAME MGRM PECHER, REINHARD
STREET ADDRESS 36 S.E. 13 STREET
CITY- ST- ZIP DANIA BEACH FL 33004 ☐ Delete

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 500003314265--9
CITY- ST- ZIP -07/06/00--01011--002
*****50.00 *****50.00

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
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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 *REINHARD PECHER*

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

Date

Daytime Phone #

05-01-2000 (914) 9233039