

# 2000 UNIFORM BUSINESS REPORT (UBR)

0001.05 A-

DOCUMENT # L99000007168

1. Entity Name  
LJA, LLC

APPROVED  
AND  
FILED

00 MAY 19 PM 2:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
3101 NORTH FEDERAL HIGHWAY, STE. 601  
FT. LAUDERDALE FL 33306

Mailing Address  
3101 NORTH FEDERAL HIGHWAY, STE. 601  
FT. LAUDERDALE FL 33306-1018



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0959342

Applied For

Not Applicable

Zip

Country

Zip

Country

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

AMATURO, JOSEPH C  
3101 NORTH FEDERAL HIGHWAY, STE. 601  
FT. LAUDERDALE FL 33306

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  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Member

Amaturo, Joseph C. MGRM  
6001 North Federal Highway, Suite 601  
Ft. Lauderdale, Fl. 33306

☐ Change

☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

600003287896--3

-06/14/00--01009--016

\*\*\*\*\*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  
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CITY-ST-ZIP

☐ Delete

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☐ Change

☐ Addition

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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 REQUIRED

Joseph C. Amaturo, Member, 954-565-1411

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

4-26-00

Date

Daytime Phone #

CR2E083 (9/99)