

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90234 020 \*\*\*\*50.00

043180



DO NOT WRITE IN THIS SPACE

**DOCUMENT # L99000007282**

1. Entity Name

ROJOG, L.L.C.

Principal Place of Business

1951 N.W. 19TH STREET, #A103  
 BOCA RATON FL 33431

Mailing Address

1951 N.W. 19TH STREET, #A103  
 BOCA RATON FL 33431

2. Principal Place of Business

1601 FORUM PLACE

Suite, Apt. #, etc.

SUITE 603

3. Mailing Address

1601 FORUM PLACE

Suite, Apt. #, etc.

SUITE 603

City & State

West Palm Beach, FL

Zip

33401

Country

USA

City & State

West Palm Beach, FL

Zip

33401

Country

USA

4. FEI Number

65-0958896

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

BOOSE, WILLIAM R ESQ.  
 515 NORTH FLAGLER DRIVE, #1900  
 WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

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**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	LEVY, ROBERT A	
STREET ADDRESS	1951 N.W. 19TH STREET, #A103	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	GELLER, DIDI	
STREET ADDRESS	1951 N.W. 19TH STREET, #A103	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	GELLER, HARVEY	
STREET ADDRESS	1951 N.W. 19TH STREET, #A103	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	JOHNS, JAMES R	
STREET ADDRESS	1951 N.W. 19TH STREET, #A103	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Harvey Geller

4/1/02

561-616-3330

Date

Daytime Phone #

CR2E083 (9/01)