

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000007480

1. Entity Name  
JJD POMPAÑO, LLC

Principal Place of Business  
19500 TURNBERRY WAY  
UNIT 3C  
AVENTURA FL 33180

Mailing Address  
19500 TURNBERRY WAY  
UNIT 3C  
AVENTURA FL 33180

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 65-1026805

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

DUBIN, JOSHUA L  
12000 BISCAYNE BOULEVARD  
PENTHOUSE 810  
MIAMI FL 33181

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**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGRM SCHWARTZ, JAY  
STREET ADDRESS 19500 TURNBERRY WAY  
CITY-ST-ZIP AVENTURA FL 33180

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME MGRM DUBIN, JOSH  
STREET ADDRESS 10000 E. BROADVIEW DRIVE  
CITY-ST-ZIP BAY HARBOR FL 33154

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME MGRM LEVINE, DAN  
STREET ADDRESS 701 MOCKINGBIRD LANE  
CITY-ST-ZIP PLANTATION FL 33324

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE 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

Date

Daytime Phone #

FILED  
01 FEB 21 AM 11:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E083 (11/00)