

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 21, 2002 8:00 am**  
**Secretary of State**

0012466

**DOCUMENT # L99000007637**

1. Entity Name  
**RJL GENERAL CONTRACTOR & ASSOCIATES, LLC**

01-21-2002 90065 010 \*\*\*\*\*55.00

Principal Place of Business      Mailing Address  
**612 S.E. 5TH AVENUE, SUITE 1**      **612 S.E. 5TH AVENUE, SUITE 1**  
**FT. LAUDERDALE FL 33301**      **FT. LAUDERDALE FL 33301**



DO NOT WRITE IN THIS SPACE

|                                |         |                     |         |  |  |                |  |
|--------------------------------|---------|---------------------|---------|--|--|----------------|--|
| 2. Principal Place of Business |         | 3. Mailing Address  |         | 4. FEI Number <b>65-0965959</b>  |  | Applied For    |  |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |  |  | Not Applicable |  |
| City & State                   |         | City & State        |         | 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b> |  |                |  |
| Zip                            | Country | Zip                 | Country |  |  |                |  |

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**EVANS, JAMES D**  
**612 S.E. 5TH AVENUE**  
**SUITE 1**  
**FT. LAUDERDALE FL 33301**

|  |          |
|--|----------|
| Name   |          |
| Street Address (P.O. Box Number is Not Acceptable) |          |
| City   |          |
| <b>FL</b>  | 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**  
**Due By May 1, 2002**

| 9. MANAGING MEMBERS/MANAGERS                   |   | 10. ADDITIONS/CHANGES                          |   |
|--|---|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGR</b><br><b>EVANS, JAMES</b><br><b>612 S.E. 5 AVE., #1</b><br><b>FT. LAUDERDALE FL 33301</b> <input type="checkbox"/> Delete         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>JAMES D. EVANS</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <del>MGR</del><br><b>MOORE, HARRIETTE</b><br><b>612 S.E. 5 AVE., #1</b><br><b>FT. LAUDERDALE FL 33301</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>V</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <del>MGR</del><br><b>AMARO, NICHOLAS</b><br><b>612 S.E. 5 AVE., #1</b><br><b>FT. LAUDERDALE FL 33301</b> <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>AMARO, NICHOLAS</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGR</b><br><b>LIPSCOMB, ROBERT J</b><br><b>612 S.E. 5 AVE., #1</b><br><b>FT. LAUDERDALE FL 33301</b> <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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]* **SIGNATURE REQUIRED**      1/15/02      954 522-7770  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #

CR2E083 (9/01)