

191950
2000 UNIFORM BUSINESS REPORT (UBR)

GP Hialeah

DOCUMENT # M96000000054

1: Entity Name

D&J MANAGEMENT, L.L.C.

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

00 SEP 26 AM 11:02

Principal Place of Business

2650 N. MILITARY PARKWAY, SUITE 350
 BOCA RATON FL 33431

Mailing Address

2650 N. MILITARY PARKWAY, SUITE 350
 BOCA RATON FL 33431-6389



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0589188

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

**NATIONAL CORPORATE RESEARCH, LTD.
 1406 HAYS STREET - SUITE 2
 TALLAHASSEE FL 32301**

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 ☐ Delete
 NAME MGRM
 STREET ADDRESS LUCIANI, JOHN III
 CITY-ST-ZIP 2650 N. MILITARY PARKWAY, SUITE 350
 BOCA RATON FL 33431

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME MGRM
 STREET ADDRESS LUCIANI, DORIAN
 CITY-ST-ZIP 2650 N. MILITARY PARKWAY, SUITE 350
 BOCA RATON FL 33431

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
200003408402--8
-09/28/00--01086--015
*******50.00 *****50.00**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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TITLE ☐ Change ☐ 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 REQUIRED

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

9/25/00 201.947.7322

Date

Daytime Phone #

CR2E083 (9/99)