

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 28, 2002 8:00 am**  
**Secretary of State**

01-28-2002 90021 032 \*\*\*\*50.00

**DOCUMENT # M98000001444**

1. Entity Name

**RJKAYAL ENTERPRISES, LLC**

Principal Place of Business

**6910 N.W. 12TH STREET  
 MIAMI FL 33126**

Mailing Address

**6910 N.W. 12TH STREET  
 MIAMI FL 33126**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-6288602**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**KAYAL, RAYMOND J JR.  
 6910 N.W. 12TH STREET  
 MIAMI FL 33126**

7. Name and Address of New Registered Agent

Name **RAYMOND J. KAYAL**

Street Address (P.O. Box Number is Not Acceptable)

**6910 NW 12th STREET**

City

**MIAMI**

**FL**

Zip Code

**33126**

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

*Raymond J. Kayal*

Signature, type or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/28/02**

**FILE NOW!!! FEE IS \$50.00  
 Make Check Payable to Department of State  
 Due By May 1, 2002**

9. MANAGING MEMBERS / MANAGERS

TITLE **MGRM** ☐ Delete  
 NAME **KAYAL, RAYMOND J**  
 STREET ADDRESS **6850S.W. 99TH TERRACE**  
 CITY-ST-ZIP **PINECREST FL 33156**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

10. ADDITIONS / CHANGES

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

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

TITLE ☐ Change ☐ Addition  
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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: REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**1/22/02**

CR2E083 (9/01)