

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0075091

DOCUMENT # M99000000285

1. Entity Name

JAJ ENTERPRISES, LLC

JAJ



FILED

03 MAY 14 PM 12:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business

90 N. POLK ST.
EUGENE OR 97402

Mailing Address

90 N. POLK ST.
EUGENE OR 97402

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 93-1210953

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

VALDES-FAULI CORPORATE SERVICES, INC.
SUITE 3400 - ONE BISCAYNE TOWER
TWO SOUTH BISCAYNE BLVD
MIAMI FL 33131

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
TOKATLY, JOHN
P.O. BOX 70475
EUGENE OR 97401 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
100018937581
05/14/03--01030--010 **50.00 ☐ Change ☐ Addition

TITLE
NAME
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CITY-ST-ZIP
MGRM
TOKATLY, JOE
P.O. BOX 70475
EUGENE OR 97401 ☐ Delete

TITLE
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☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

John Tokatly REQUIRED JOHN TOKATLY 4-30-03 541 684-7868

CR2E083 (10/02)