

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # A33473**

1. Entity Name  
**AJA PROPERTIES NO. 8, LTD.**

**FILED** *6/4/20*  
**00 APR 12 PM 3:13**  
**SECRETARY OF STATE**  
**TALLAHASSEE FLORIDA**

Principal Place of Business <b>C/O THE PETER LAWRENCE COMPANY, INC. 4710 EISENHOWER BLVD., SUITE C-1 TAMPA FL 33634-6334</b>	Mailing Address <b>C/O THE PETER LAWRENCE COMPANY, INC. 4710 EISENHOWER BLVD., SUITE C-1 TAMPA FL 33634-6334</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-3143958</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
<b>ABRAMS, ALLAN 4710 EISENHOWER BLVD., SUITE C-1 TAMPA FL 33634-6334</b>				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 \_\_\_\_\_

9. Capital Contributions as Shown on record. <b>\$2,052,122.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	<b>V66660 SKYWAY '92 CORP. %4710 EISENHOWER BL.,C-1 TAMPA FL</b>	STREET ADDRESS	
		CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS	<del>688883223236-9</del>
		CITY - ST - ZIP	<del>-04/25/00--01075--022</del>
			<del>****526.25 ****526.25</del>
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS	
		CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS	
		CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS	
		CITY - ST - ZIP	

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

Skyway '92 Corp.  
**SIGNATURE:** *[Signature]* **DECEMBER 12 2000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date: **4-5-00** Daytime Phone #: **813-889-8855**

CR2E003 (9/99)