

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000052749 (3)

1. Entity Name

CURAJAM, CORP.

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90071 006 ***150.00

838545

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
DBA DBA
AA INSURANCE WORLD SERVICES AA INSURANCE WORLD SERVICES
6320 Miramar Pkwy. #B 6320 Miramar Pkwy. #B
MIRAMAR, FL 33023-3944 MIRAMAR, FL 33023-3944

2. Principal Place of Business 3. Mailing Address
6320 MIRAMAR PKWY. SAME
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
MIRAMAR FLA. SAME

Zip Country Zip Country
33023 USA

4. FEI Number Applied For
65-0761316 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
Bullock, GARETH
633 NE 167 St. #1109
N. MIAMI BCH. FL 33162

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	☐ Delete
NAME	ALEXANDER, ANDREW	
STREET ADDRESS	8430 SW 23 Ct.	
CITY-ST-ZIP	MIRAMAR FL 33025	
TITLE	D	☐ Delete
NAME	ALEXANDER, JANELLA	
STREET ADDRESS	8430 SW 23 Ct.	
CITY-ST-ZIP	MIRAMAR FL 33025	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)