

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2000 8:00 am**  
**Secretary of State**

05-05-2000 90065 050 \*\*\*150.00

**DOCUMENT # P98000006179**

1. Entity Name

**A.J. INFORMATION CENTER, INC.**

Principal Place of Business

Mailing Address

5064 PARK CENTRAL DRIVE  
 SUITE 1723  
 ORLANDO FL 32839

5064 PARK CENTRAL DRIVE  
 SUITE 1723  
 ORLANDO FL 32839-5371

00004000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

*Quality Sm. Suid.*  
 Suite, Apt. #, etc.  
**9301 S. OBT**

**2115 River Tree**  
 Suite, Apt. #, etc.  
**204**

City & State  
**Orlando FL**

City & State  
**Orlando FL**

4. FEI Number **59-3489426**

Applied For  
 Not Applicable

Zip **32837**

Country **Orange**

Zip **32839**

Country **Orange**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BETHENCOURT, JOSE ALBERTO**  
 5064 PARK CENTRAL DRIVE  
 SUITE 1723  
 ORLANDO FL 32839

Name **Bethencourt, Jose Alberto**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2115 River Tree Cir # 204**  
 City **Orlando** FL Zip Code **32839**

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]*

**04-25-00**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D**  Delete  
 NAME **GONZALEZ, ARGENIS DE J**  
 STREET ADDRESS **5064 PARK CENTRAL DRIVE, SUITE 1723**  
 CITY-ST-ZIP **ORLANDO FL 32839**

TITLE **D**  Change  Addition  
 NAME **GONZALEZ, Argenis DE J**  
 STREET ADDRESS **2115 River Tree Cir # 204**  
 CITY-ST-ZIP **Orlando - Florida 32839**

TITLE **D**  Delete  
 NAME **BETHENCOURT, JOSE ALBERTO**  
 STREET ADDRESS **5064 PARK CENTRAL DRIVE, SUITE 1723**  
 CITY-ST-ZIP **ORLANDO FL 32839**

TITLE **D**  Change  Addition  
 NAME **Bethencourt, Jose Alberto**  
 STREET ADDRESS **2115 River Tree Cir # 204**  
 CITY-ST-ZIP **Orlando - Florida 32839**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
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TITLE  Delete  
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 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]* **SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04-25-00**

Date

**407-850-9537**

Daytime Phone #

CR2F034 (9/99)