

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000016641**

1. Entity Name

LJA INVESTMENT CORP.**FILED**
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90009 050 ***150.00

0272389

Principal Place of Business

1333 ST TROPEZ CIRCLE
406
WESTON FL 33326

Mailing Address

1333 ST TROPEZ CIRCLE
406
WESTON FL 33326**942301**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2181 QUAIL ROOST DR.**2181 QUAIL ROOST DR.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WESTON FLORIDA

City & State

WESTON FLORIDA

Zip

33327

Country

BROWARD

Zip

33327

Country

BROWARD

4. FEI Number

65-0970017

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

CACHON, AVRELIO G
1333 ST TROPEZ CIRCLE
406
WESTON FL 33326

7. Name and Address of New Registered Agent

Name

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

2181 QUAIL ROOST DR.

City

WESTON**FL**

Zip Code

33327

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

4-5-20019. 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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11.

OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **PS**
STREET ADDRESS **CACHON, AVRELIO G**
CITY-ST-ZIP **1333 ST TROPEZ CIRCLE \$ 406**
WESTON FL 33326TITLE ☐ Delete
NAME **VPT**
STREET ADDRESS **CACHON, LUISA**
CITY-ST-ZIP **1333 ST TROPEZ CIRCLE # 406**
WESTON FL 33326TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

AVRELIO CACHON

Date

4-5-2001 (954)384-7829

Daytime Phone #

CR2E034 (10/00)