

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 08, 2000 8:00 am**  
**Secretary of State**  
 03-08-2000 90034 013 \*\*\*150.00

**DOCUMENT # P99000035544**  
 1. Entity Name  
**A.V.J. SERVICES, CORP.**

Principal Place of Business <b>9143 S.W. 77 AVE. #503 MIAMI FL 33156</b>	Mailing Address <b>9143 S.W. 77 AVE. #503 MIAMI FL 33156-7642</b>
---	--

2. Principal Place of Business <b>4630 W McNab Rd</b>	3. Mailing Address <b>4630 W McNab Rd</b>
Suite, Apt. #, etc. <b>B-2</b>	Suite, Apt. #, etc. <b>B-2</b>
City & State <b>POMPANO BEACH</b>	City & State <b>POMPANO BEACH</b>
Zip <b>33069</b>	Zip <b>33069</b>
Country <b>USA</b>	Country <b>USA</b>



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**DE JESUS ZAMBRANO, ATILIO**  
**9143 S.W. 77 AVE. #503**  
**MIAMI FL 33156**

4. FEI Number  
**65-0912142**

Applied For  
 Not Applicable

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

7. Name and Address of New Registered Agent  
 Name **ATILIO DE JESUS ZAMBRANO**  
 Street Address (P.O. Box Number is Not Acceptable)  
**4630 W McNab Rd B-2**  
**Pompano Beach FL. 33069**  
 City **Pompano beach** FL Zip Code **33069**

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 **3/6/2000**  
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 <b>PD</b>	<input type="checkbox"/> Delete <b>DE JESUS ZAMBRANO, ATILIO</b> <b>9143 S.W. 77 AVE. #503</b> <b>MIAMI FL 33156</b>
TITLE <b>VPD</b>	<input type="checkbox"/> Delete <b>VILLALOBOS, NIXON D</b> <b>9143 S.W. 77 AVE. #503</b> <b>MIAMI FL 33156</b>
TITLE <b>STD</b>	<input type="checkbox"/> Delete <b>SANCHEZ, ANN MARGARET</b> <b>9143 S.W. 77 AVE. #503</b> <b>MIAMI FL 33156</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>PD</b> <b>De Jesus Zambrano Atilio</b> <b>4630 W McNab Rd. B-2</b> <b>Pompano Beach FL. 33069</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>VPD.</b> <b>Mary Anne Conner</b> <b>4630 W McNab Rd B-2</b> <b>Pompano Beach FL. 33069</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **3/6/2000** **954-9717507**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CRE034 (9/99)