

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000035544

1. Entity Name

A.V.J. SERVICES, CORP.

**FILED**  
**Mar 08, 2000 8:00 am**  
**Secretary of State**

03-08-2000 90034 013 \*\*\*150.00

Principal Place of Business

9143 S.W. 77 AVE. #503  
 MIAMI FL 33156

Mailing Address

9143 S.W. 77 AVE. #503  
 MIAMI FL 33156-7642

2. Principal Place of Business

4630 W McNab Rd

Suite, Apt. #, etc.

B-2

3. Mailing Address

4630 W McNab Rd

Suite, Apt. #, etc.

B-2

City & State

POMPANO BEACH

City & State

POMPANO BEACH

Zip

33069

Country

USA

Zip

33069

Country

USA

4. FEI Number

65-0912142

Applied For

Not Applicable

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

DE JESUS ZAMBRANO, ATILIO  
 9143 S.W. 77 AVE. #503  
 MIAMI FL 33156

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

*[Signature]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/6/2000

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 PD ☐ Delete  
 NAME DE JESUS ZAMBRANO, ATILIO  
 STREET ADDRESS 9143 S.W. 77 AVE. #503  
 CITY-ST-ZIP MIAMI FL 33156

TITLE PD ☐ Change ☐ Addition  
 NAME De Jesus Zambrano Atilio  
 STREET ADDRESS 4630 W McNab Rd B-2  
 CITY-ST-ZIP Pompano Beach FL 33069

TITLE VPD ☐ Delete  
 NAME VILLALOBOS, NIXON D  
 STREET ADDRESS 9143 S.W. 77 AVE. #503  
 CITY-ST-ZIP MIAMI FL 33156

TITLE VPD ☒ Change ☐ Addition  
 NAME Mary Anne Conner  
 STREET ADDRESS 4630 W McNab Rd B-2  
 CITY-ST-ZIP Pompano Beach FL 33069

TITLE STD ☐ Delete  
 NAME SANCHEZ, ANN MARGARET  
 STREET ADDRESS 9143 S.W. 77 AVE. #503  
 CITY-ST-ZIP MIAMI FL 33156

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/2000

Date

954-9717507

Daytime Phone #

CR2E034 (9/99)