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LAW OFFICES

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FILED
Apr 09, 2002 8:00 am
Secretary of State

02-21-2002 90328 019 ***150.00

**FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #			
1. Entity Name A & J Holding, Inc. L99971			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business A & J Holding, Inc. Suits, Apt. 7, etc. 2241 NW 22nd Street City & State Pompano Beach, FL Zip 33069		3. Mailing Address 2241 NW 22nd Street Suits, Apt. 7, etc. City & State Zip	
4. FEI Number 65-0217210		Applied For Not Applicable	
5. Certificate of Status Declared ☐ \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
DO NOT WRITE IN THIS SPACE			
7. 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, or both, as applicable. (NOTE: Registered Agent signature required under new law.)			
8. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS			
11A NAME STREET ADDRESS CITY-ST-ZIP	11B NAME STREET ADDRESS CITY-ST-ZIP	11C NAME STREET ADDRESS CITY-ST-ZIP	11D NAME STREET ADDRESS CITY-ST-ZIP
11E NAME STREET ADDRESS CITY-ST-ZIP	11F NAME STREET ADDRESS CITY-ST-ZIP	11G NAME STREET ADDRESS CITY-ST-ZIP	11H NAME STREET ADDRESS CITY-ST-ZIP
11I NAME STREET ADDRESS CITY-ST-ZIP	11J NAME STREET ADDRESS CITY-ST-ZIP	11K NAME STREET ADDRESS CITY-ST-ZIP	11L NAME STREET ADDRESS CITY-ST-ZIP
11M NAME STREET ADDRESS CITY-ST-ZIP	11N NAME STREET ADDRESS CITY-ST-ZIP	11O NAME STREET ADDRESS CITY-ST-ZIP	11P NAME STREET ADDRESS CITY-ST-ZIP
DO NOT WRITE IN THIS SPACE			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 on an attachment with an address, who all other like empowered.			
SIGNATURE: John Michaelis, Pres. 02-14-02 954 960-0818 Signature and typed or printed name of signing officer or director			

CR20348 (12/01)