

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90024 043 ***150.00

DOCUMENT # 305176

1. Entity Name

SAJK CORP

Principal Place of Business

Mailing Address

9000 SHERIDAN STREET #130
 PEMBROKE PINES FL 33024

9000 SHERIDAN STREET #130
 PEMBROKE PINES FL 33024-8801

2. Principal Place of Business

3. Mailing Address

21011 Johnson Street

21011 Johnson Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 101

Suite 101

City & State

City & State

Pembroke Pines, Florida

Pembroke Pines, Florida

Zip

Country

33029

USA

Zip

Country

33029

USA

4. FEI Number

59-1163609

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KOENIG, PAUL
 9000 SHERIDAN STREET, SUITE 130
 HOLLYWOOD FL 33024

Name **same**

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

21011 Johnson Street

Suite 101

City

Pembroke Pines

FL

Zip Code

33029

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

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PTD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOENIG, PAUL	NAME	
STREET ADDRESS	9000 SHERIDAN ST., #130	STREET ADDRESS	21011 Johnson Street, Suite 101
CITY-ST-ZIP	PEMBROKE PINES, FL	CITY-ST-ZIP	Pembroke Pines, FL
TITLE	VSD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOENIG, MICHAEL	NAME	
STREET ADDRESS	9000 SHERIDAN ST. #130	STREET ADDRESS	21011 Johnson Street, Suite 101
CITY-ST-ZIP	PEMBROKE PINES, FL	CITY-ST-ZIP	Pembroke Pines, FL
TITLE	AS <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOENIG, JAMES	NAME	
STREET ADDRESS	9000 SHERIDAN ST. #130	STREET ADDRESS	21011 Johnson Street, Suite 101
CITY-ST-ZIP	PEMBROKE PINES, FL	CITY-ST-ZIP	Pembroke Pines, FL
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:

Michael A. Koenig, VP

2/7/00

Date

954-436-9000

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR