

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 442035

1. Entity Name

VAN-JARIA ENTERPRISES, INC.

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90250 013 ***150.00

Principal Place of Business

Mailing Address

2365 SR 16
ST. AUGUSTINE FL 32095
US

P. O. BOX 2200
ST. AUGUSTINE FL 32085-2200
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1494422**

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

VANJARIA, ABDUL M.
1953 BREAKERS POINTE WAY
S-137
WEST PALM BEACH FL 33411

Name
HANIF VANJARIA

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

3355 CLAIRE LN., APT. 1414

City
JACKSONVILLE

FL

Zip Code

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

Hanif Vanjaria

HANIF VANJARIA

1/6/00

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
VANJARIA, ABDUL M.
1953 BREAKERS POINTE WAY
WEST PALM BEACH FL 33411 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
VANJARIA, ABEED M.
3355 CLAIRE LN., APT. 1414
JACKSONVILLE FL 32223 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
VANJARIA, HANIF M.
3355 CLAIRE LN., APT 1414
JACKSONVILLE FL 32223 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
VANJARIA, CAROLYN
1953 BREAKERS POINTE WAY
WEST PALM BEACH FL 33411 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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 a former like empowered.

SIGNATURE:

Hanif Vanjaria
REQUIRED HANIF VANJARIA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(904) 824-3903

CR2E034 (9/99)