

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 462801

1. Entity Name

ALJON INTERNATIONAL, INC.

FILED
Feb 09, 2000 8:00 am
Secretary of State

02-09-2000 90054 002 ***150.00

Principal Place of Business

Mailing Address

2861 NW 22 TERR
POMPANO BEACH FL 33069

2861 NW 22 TERR
POMPANO BEACH FL 33069-1045

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-1554910

Apply
Not

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additior
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~MILLER & SQUIRE, CHARTERED~~
~~500 NE 3RD AVE~~
~~FT LAUDERDALE FL 33301~~

Name Koningsberg, D Sandy
Street Address (P.O. Box Number is Not Acceptable) 9900 W. Sample Rd. Suite 4
Coral Springs FL 33065
City 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

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
Added to f

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

TITLE	PD	<input type="checkbox"/> Delete
NAME	DVORETZ, RONALD	
STREET ADDRESS	1656 CYPRESS POINT DRIVE	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

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TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
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)(f), Florida Statutes. I further certify that the information indicated on this report or supporting documents 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 recorder or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block changed, or on an attachment with an address, with all other like information.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/27/2000 954-971-0