

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 522122

1. Entity Name

A. & J. BUSINESS MACHINES, INC.

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

01-29-2000 90108 032 ***150.00

Principal Place of Business

Mailing Address

636 NE 40 COURT
ATTN: W. JOHNSTON
OAKLAND PARK FL 33334
US

P. O. BOX 908503
POMPANO BEACH FL 33093-8503
US

910869



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5425 NW 24 ST.

3. Mailing Address

Suite, Apt. #, etc.

209

Suite, Apt. #, etc.

City & State

MARGATE, FL

City & State

4. FEI Number

59-1705562

Applied For

Not Applicable

Zip

33063

Country

US

Zip

Country

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

Name

ROBERT SPINNER

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

4080 N.W. 5 ST.

City

COCONUT CREEK, FL

Zip Code

33066

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

Robert Spinner - SEC.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-21-00

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 ☐ Delete
NAME S, P, D
STREET ADDRESS SPINNER, ROBERT T
CITY-ST-ZIP 4080 NW 5TH ST
COCONUT CREEK FL

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

TITLE ☒ Delete
NAME ~~PD~~
STREET ADDRESS ~~TELVI, NAOMI~~
CITY-ST-ZIP ~~4080 NW-5 ST~~
~~COCONUT CREEK FL~~

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Robert Spinner - SEC.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-21-00 (954) 971-2776