

2002 UNIFORM BUSINESS REPORT (UBR)

0010814 AT

DOCUMENT # A98000001631

1. Entity Name
AJK FOX, LTD.

FILED

02 FEB 13 PM 3: 30.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address

11377 SW 84TH STREET, APT. ~~524~~ 524 11377 SW 84TH STREET, APT. ~~524~~ 524
MIAMI FL 33173 MIAMI FL 33173

2. Principal Place of Business 3. Mailing Address

11377 S.W. 84th Street 11377 S.W. 84th STREET
Suite, Apt. #, etc. Suite, Apt. #, etc.
Apt. 524 APT. # 524

City & State City & State

Miami, Fl. MIAMI, FL

Zip Country Zip Country

33173 U.S.A. 33173 U.S.A.

DUE BY MAY 1, 2002

4. FEI Number Applied For

65-0850494 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FEUERMAN, JONATHAN ESQ.
C/O THERREL BAISDEN, P.A.
ONE S.E. 3RD AVE., SUITE 2400
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

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

City 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 _____ DATE _____

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

9. Capital Contributions as Shown on record. \$1,699,653.04 10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT #	P98000058969
NAME	KRISTI INVESTMENT GROUP, INC.
STREET ADDRESS	11377 SW 84TH STREET, APT. 524 524
CITY-ST-ZIP	MIAMI FL 33173
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
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STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	800005024278-5
CITY-ST-ZIP	-02/27/02--01071--008
	****526.25 ****526.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: Alice E. Fox ALICE E. FOX 2/4/2002 305-595-3085

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)

SINGLE CHECK HERE