

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000001564

1. Entity Name

A.J.B. ENTERPRISES CORPORATION

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90052 016 ***150.00

Principal Place of Business

Mailing Address

~~PO BOX 1358~~
FREMONT CA 94538

PO BOX 1353
FREMONT CA 94538-0135

2. Principal Place of Business

4521 PGA BLVD #310

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.
310

City & State

City & State

PALM BEACH GARDENS FL

Zip

Country

Zip

Country

33418

U.S.A.

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BLACK, J
301 BRACKENWOOD CIRCLE
PALM BEACH GARDENS FL 33418

Name

BLACK, J.

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

4521 P.G.A. BLVD # 310

City

PALM BEACH GARDENS FL

Zip Code

33418

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

J. Black

4/24/00

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 PVST ☐ Delete
NAME BLACK, A JR
STREET ADDRESS 4521 PGA BLVD., #310
CITY-ST-ZIP PALM BEACH GARDENS FL 33418

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

TITLE DC ☐ Delete
NAME BLACK, A JR
STREET ADDRESS 4521 PGA BLVD., #310
CITY-ST-ZIP PALM BEACH GARDENS FL 33418

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

TITLE DC ☐ Delete
NAME BLACK, J
STREET ADDRESS 4521 PGA BLVD., #310
CITY-ST-ZIP PALM BEACH GARDENS FL 33418

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

J. Black

4/24/00

561-624-4416

CR2E034 (9/99)