

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2003 8:00 am
Secretary of State

03-26-2003 90136 044 ***150.00

DOCUMENT # K32026

1. Entity Name
HAJO, INC.



Principal Place of Business
% BASILIO MANESIS
170 SE 12TH TERRACE
MIAMI FL 33131

Mailing Address
% BASILIO MANESIS
170 SE 12TH TERRACE
MIAMI FL 33131

2. Principal Place of Business

Basilio Manesis

3. Mailing Address

Basilio Manesis

Suite, Apt. #, etc.

1931 S.W. 3rd Ave, #4

Suite, Apt. #, etc.

1931 S.W. 3rd Ave, #4

City & State

Miami, FL

City & State

Miami, FL

Zip

33129

Country

USA

Zip

33129

Country

USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

98-0047832

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MANESIS, BASILIO

170 SE 12TH TERRACE

MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

Manesis, Basilio

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

1931 S.W. 3rd Ave, #4

City **miami,**

FL

Zip Code

33129

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

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

(NOTE: Registered Agent signature required when reinstating).

03/21/03

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> Delete
NAME	TAQUIS, EUSTACIO	
STREET ADDRESS	% 3135 SW 3RD AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE	VPSD	<input type="checkbox"/> Delete
NAME	TAQUIS, FOTIS	
STREET ADDRESS	% 3135 SW 3RD AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	TAQUIS, ANTONIO	
STREET ADDRESS	40 3135 S.W. 3 AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JOHN A HARALAMBIDES	
STREET ADDRESS	3135 SW 3RD AVE	
CITY-ST-ZIP	MIAMI FL 33129	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAQUIS, EUSTACIO	
STREET ADDRESS	1931 S.W. 3rd Ave, #4	Address change.
CITY-ST-ZIP	Miami, FL 33129	
TITLE	VPSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAQUIS, FOTIS	
STREET ADDRESS	1931 S.W. 3rd Ave, #4	Address change.
CITY-ST-ZIP	Miami, FL 33129	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAQUIS, Antonio	
STREET ADDRESS	1931 S.W. 3rd Ave #4	Address change.
CITY-ST-ZIP	Miami, FL 33129	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/03 - 305-860-1414

Date

Daytime Phone #

CR2E034 (10/02)