

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 02, 2001 8:00 am
Secretary of State**

05-02-2001 90162 025 ***150.00

DOCUMENT # K53246

1. Entity Name

ANJE, INC.

Principal Place of Business

21780 SW 256 STREET
HOMESTEAD FL 33031
US

Mailing Address

21780 SW 256 STREET
HOMESTEAD FL 33031
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0109312

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JEANINE
ARMONT, JEANINE M. (Spelling correction)
21780 SW 256 STREET
HOMESTEAD FL 33031Name
Jeanine M. ArmontStreet Address (P.O. Box Number is Not Acceptable)
21780 SW 256 St.

City Homestead

FL

Zip Code
33031

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

Jeanine M. Armont Jeanine M. Armont, Pres.

4-25-01

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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 VPS ☒ Delete
NAME CHILDS, ANNE C.
STREET ADDRESS 546 CARMEL DRIVE
CITY-ST-ZIP MELBOURNE FL 32940TITLE VPS ☐ Change ☒ Addition
NAME CHILDS, WALTER T.
STREET ADDRESS 546 CARMEL DRIVE
CITY-ST-ZIP MELBOURNE, FL. 32940TITLE PT ☐ Delete
NAME ARMONT, JEANINE M.
STREET ADDRESS 21780 SW 256 ST
CITY-ST-ZIP HOMESTEAD FL 33031TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:

Jeanine M. Armont
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jeanine M. Armont, Pres.

Date

Daytime Phone #

4-25-01 305-247-0547

CP2E034 (10/00)