

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90132 018 \*\*\*150.00

**FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L97000000601

1. Entity Name

AMJ HOLDINGS, LLC

**DO NOT WRITE IN THIS SPACE**

954483

2. Principal Place of Business

209 ISLAND DRIVE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
JUPITER, FL

City & State

4. FEI Number

65-0757040

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

Zip  
33477

Country  
USA

Zip

Country

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PRESIDENT  
AYMARA E. DIAZ  
209 ISLAND DRIVE  
JUPITER, FL 33477

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VICE-PRESIDENT  
AIMEE M. DIAZ  
500 OCEAN DRIVE, W1-C  
JUNO BEACH, FL 33408

TITLE  
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CITY - ST - ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AYMARA DIAZ

4-23-02 (561) 744-2069

Date

Daytime Phone #

CR2E034B (12/01)