2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M16409 1. Entity Name					FILED Jan 12, 2000 8:00 am			
AJSC	ORP.				ecretary 0 01-12-2000 90006 00			
Principal Plac	e of Business	Mailing Address						
C/O ANTONIO SGUERA 1340 S OCEAN BLVD #1407 POMPANO BEACH FL 33062 US		C/O ANTONIO SGUERA 1340 S OCEAN BLVD #1407 POMPANO BEACH FL 33062-6908 US		1 (88 (8 84))	1 11818 BHIL BERT BRIG 1811 BIRS)	II B:4:1 1 I FD 1	
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THI	3 SPACE		
City & State		City & State		4. FEI Number	59-2578817	'	oplied For of Applicable	
Zip	Country	Zip	Country	5. Certificate of	Status Desired	\$8.75 Add		
<u> </u>	6. Name and Address of Current R	egistered Agent		7. Name and A	ddress of New Registere		<u>-</u>	
		_	Name		_			
1340	ERA, ANTONIO) S OCEAN BLVD #1407	Street Address		s (P.O. Box Number is Not Acceptable)				
POMPANO BEACH FL 33062								
			City		F	L Zip Code	e 	
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 St		tate Hustrian Continuous.				
11	OFFICERS AND D		12.	ADDITIONS/C	HANGES TO OFFICERS A			
TITLE NAME STREET ADDRESS CITY-ST-Zip	DP SGUERA, ANTONIO 1340 S OCEAN BLVD #1407 POMPANO BEACH FL	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SGUERA, JANET 1340 S OCEAN BLVD #1407	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	POMPANO BCH. FL	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
indicatéd of the cor	certify that the information supplied with to on this report or supplemental report is to poration or the receiver or trustee empower or on an attachment with an address, with the control of the control of the control of the certification o	rue and accurate and that my rered to execute this report a	v signature shall have the	e same legal effect a	as if made under oath: that	I am an officer	or director Block 12 if	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR