

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

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90196 007 ***150.00

DOCUMENT # *M16603*
1. Entity Name
A & J D CORP.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1857 NW 21st St.
Suite, Apt. #, etc. _____

3. Mailing Address
3830 NW 25th Way
Suite, Apt. #, etc. _____

DO NOT WRITE IN THIS SPACE

City & State
Pompano Beach, Fl
Zip
33069-1305
Country
Broward

City & State
Boca Raton, Fl
Zip
33434
Country _____

4. FEI Number
59-2603083
Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name *Serchay, Alan C PA*
Street Address (P.O. Box Number is Not Acceptable)
5300 NW 33rd Ave
Suite 117
City *Ft. Lauderdale,* **FL** Zip Code *33309*

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 | <i>D DINARDO, ANTHONY D. 3830 NW 25th Way BOCA RATON, FL 33434</i> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <i>STD DINARDO, JULIETTE 3830 NW 25th Way BOCA RATON, FL 33434</i> |
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IN THIS SPACE**

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: *JULIETTE DINARDO*
Juliette Dinardo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-11-02 *561 997-9269*
Date Daytime Phone #

CR2E034B (12/01)

427844

JULIETTE DINARDO
3830 NW. 25TH WAY
BOCA RATON, FL. 33434

5619979269

Request taken by: Ishepard
03-04-2002

The forms you recently requested from this office are:

(1) 201 COR Profit A/R

Should you have any questions or need any further information,
please contact us at the address below:

Division of Corporations - P.O. BOX 6327 - Tallahassee FL 32314