

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M42836

1. Entity Name

AJAR II, INC.

FILED
Apr 28, 2001 8:00 am
Secretary of State

04-28-2001 90059 025 ***158.75

0181993

Principal Place of Business

3301 CORAL WAY
BOX 45
MIAMI FL 33145

Mailing Address

3301 CORAL WAY
BOX 45
MIAMI FL 33145

701441

2. Principal Place of Business

2951 Virginia ST

3. Mailing Address

2951 Virginia ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

Zip

33133

Country

Zip

33133

Country

4. FEI Number

59-2806328

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RICHARD J. LEE, P.A.
2855 LE JEUNE RD.
5TH FLOOR
CORAL GABLES FL 33134

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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME PORTEOUS, SIMON
STREET ADDRESS 3301 CORAL WAY BOX 45
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2951 Virginia ST
CITY-ST-ZIP miami FL 33133

TITLE S
NAME BASS, SHERRI
STREET ADDRESS 3301 CORAL WAY
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2951 Virginia ST
CITY-ST-ZIP miami FL 33133

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Sherr Bass

SHERRI BASS

4/10/01

305-441-0952

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)