

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

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90146 029 \*\*\*167.50

**DOCUMENT #**

1. Entity Name

AJR ENTERPRISES OF BOCA RATON, INC.

P000000015

**DO NOT WRITE IN THIS SPACE**

656322

2. Principal Place of Business

20775 Boca Ridge Drive N.

Suite, Apt. #, etc.

3. Mailing Address

20775 Boca Ridge Drive N.

Suite, Apt. #, etc.

City & State

Boca Raton, Florida

Zip

33428

Country

USA

City & State

Boca Raton, Florida

Zip

33428

Country

USA

4. FEI Number

65-1087163

Applied For

Not Applicable

5. Certificate of Status Desired

3

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

CHRISTIANSEN, MICHAEL E

Street Address (P.O. Box Number is Not Acceptable)

1500 North Federal highway

Suite 200

City

Forth Lauderdale

FL

Zip Code

33304

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  
Jan Antolik  
20775 Boca Ridge Drive North  
Boca Raton, Florida 33428

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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)(f), 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

Jan Antolik

4/24/02

Date

(561) 487-7796

Daytime Phone #

CR2E034B (12/01)