

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

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

02-25-2002 90014 017 ***150.00

DOCUMENT # P00000021609

1. Entity Name

PJAJ Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8447 SW 24 St.

3. Mailing Address

20321 NW 8 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami, Fl. 33155

City & State

Pembroke Pines, Fl. 33029

4. FEI Number

65-0988393

Applied For

Not Applicable

Zip

33155

Country

usa

Zip

33029

Country

USA

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

Pedro Gonzalez

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

20321 NW 8 Street

xXXXXXXXXXXXXX

City Pembroke Pines

FL

Zip Code 33029

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 President

STREET ADDRESS Pedro Gonzalez

CITY - ST - ZIP 20321 NW 8 St. Pembroke Pines Fl. 33029

TITLE V. President

NAME Judy Gonzalez

STREET ADDRESS 20321 NW 8 St.

CITY - ST - ZIP Pembroke Pines, Fl. 33029

TITLE

NAME

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CITY - ST - ZIP

**DO NOT WRITE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)