FILED
May 24, 2001 8:00 am
Secretary of State
05-24-2001 90496 046 ***150.00

2001 UNIFORM BUSINESS REPORT (UE

DOCUMENT #. P00000093537

1. Entity Name
A.J.'S CAFE, INC.

Principal Place of Business
8362 PINES BLVD. SUITE 129
HOLLYWOOD FL 33024

Mailing Address
8362 PINES BLVD., SUITE 129
HOLLYWOOD FL 33024

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address
Suite, Apt #, etc
City & State
Country | Zip | Country

4. FEI Number 65-1044478 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent
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	
TITLE	PSTD ☐ Delete	TITLE	☐ Change
NAME	STONE, A. J	NAME	
STREET ADDRESS	8362 PINES BLVD., SUITE 129	STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33024	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change
NAME		NAME	
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TITLE	☐ Delete	TITLE	☐ Change
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ____________________ 4-27-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date