

2001 UNIFORM BUSINESS REPORT (UBR)

1/13/01

FILED
Feb 08, 2001 8:00 am
Secretary of State

01-13-2001 90053 011 ***150.00

DOCUMENT # P00000094588

1. Entity Name

A-J. IMPORT & EXPORT CORP.

Principal Place of Business

6913 NW 82ND AVENUE
MIAMI FL 33166

Mailing Address

6913 NW 82ND AVENUE
MIAMI FL 33166

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1045555

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

HERRERA ESTRADA, JUAN DIEGO
6913 NW 82ND AVENUE
MIAMI FL 33166

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	PSD	☐ Delete
NAME	HERRERA ESTRADA, JUAN DIEGO	
STREET ADDRESS	6913 NW 82ND AVENUE	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	D	☐ Delete
NAME	HERRERA ESTRADA, ANDRES ESTEBAN	
STREET ADDRESS	6913 NW 82ND AVENUE	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	VPTD	☐ Delete
NAME	HERRERA ESTRADA, DIEGO DE JESUS	
STREET ADDRESS	6913 NW 82ND AVENUE	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	D	☐ Delete
NAME	RUIZ NIETO, JUBER ALFONSO	
STREET ADDRESS	6913 NW 82ND AVENUE	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/09/2001

(305) 592-5114

Date

Daytime Phone #

CR2E034 (10/00)