2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0000094588 1. Entity Name A.J. IMPORT & EXPORT CORP.					Secretary of State 01-29-2002 90002 036 ***150.00			
Principal Place of Business Mailing Address 6913 NW 82ND AVENUE 6913 NW 82ND AVENUE MIAMI FL 33166 MIAMI FL 33166								
2. Principal Place of Business 3. Mail		3. Mailing Address	Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4.	FEI Number 65-1045555	————	pplied For ot Applicable	
Zip	Country	Zip	Country	5.	Certificate of Status Desired	\$8.75 Add	ditional	
	6. Name and Address of Current F	legistered Agent		7.	Name and Address of New Registe	red Agent		
HERRERA ESTRADA, JUAN DIEGO 6913 NW 82ND AVENUE			Name Street A	Name Street Address (P.O. Box Number is Not Acceptable)				
MIAMI FL	33166		City	1		FL Zip Code		
Tax filing i	oration is eligible to satisfy its intangible requirement and elects to do so. ria on back) OFFICERS AND D	After May 1, 20 Make Check Payal	!!! FEE IS \$150. 02 Fee will be \$5 ble to Departmen	550.00 t of State	10. Election Campaign Financing Trust Fund Contribution. DITIONS/CHANGES TO OFFICERS.	☐ Added	May Be d to Fees	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD HERRERA ESTRADA, JUAN DIEGO 6913 NW 82ND AVENUE MIAMI FL 33166	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AL	DITIONS/CHANGES TO OFFICERS	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERRERA ESTRADA, ANDRES ES 6913 NW 82ND AVENUE MIAMI FL 33166	TEBAN Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	7	and the second s	☐ Change	Addition	
TITLE Name Street address City-St-Zip	VPTD HERRERA ESTRADA, DIEGO DE J 6913 NW 82ND AVENUE MIAMI FL 33166	ESUS Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD HERREK 6913 MIAHI	ARAMIREZ, DIEGO NW 82AV FL 33166	☑ Change DE JE 50	☐ Addition (
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUIZ NIETO, JUBER ALFONSO 6913 NW 82ND AVENUE MIAMI FL 33166	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME Street address City-St-Zip		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
indicated of the cor	certify that the information supplied with to on this report or supplemental report is to poration or the receiver or trustee empoy or on an attachment with an address, wi	rue and accurate and that r vered to execute this report	ny signature shall h as required by Cha	ave the same I	legal effect as if made under oath; the	at I am an officer	or director	

SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR