

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000108376

1. Entity Name

ANJL COMPANY

Principal Place of Business

1750 N.E. 191 STREET NO. 525-4
NORTH MIAMI BEACH FL 33179

Mailing Address

1750 N.E. 191 STREET NO. 525-4
NORTH MIAMI BEACH FL 33179
4045 SHERIDAN AVE.

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

4045 SHERIDAN AVE.

Suite, Apt. #, etc.

#146

City & State

MIAMI BEACH, FL.

Zip

33140

Country

DADE

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STRATTON-DOUGLAS D ESQ.
407 LINCOLN ROAD
SUITE 2A
MIAMI BEACH FL 33139

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LAST, NINA
1750 N.E. 191 STREET NO. 525-4
NORTH MIAMI BEACH FL 33179

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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: **Lina Last (Nina Last)**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-01
Date

(305)944-8225
Daytime Phone #

03-05-2001 90007 008 ***150.00

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FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

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ANJL COMPANY

1750 N.E. 191st Street
Suite # 525-4
North Miami Beach, Florida 33179
Telephone: (786) 371-6676

September 20, 2001

Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE: ANJL Company
Tax ID: # 65-1058936

To Whom It May Concern:

Please accept this letter as a request to help me with my Uniform Business Report and Company Filing status.

I opened my company in year 2000. When the 2001 Uniform Business Report was mailed to me the first time, I filled it out and mailed it back with a payment of \$150.00. My check was cashed in April but the report was mailed back to me because some information was missing. I mailed it back with the proper corrections right away but it seems that it never reached your office. When I called Tyron today at 1-850-245-6059, I was informed that my check was cashed but the corrected report was not received. I do apologize but I had no idea that my corrected report was not received.

Please waive the late charges and any other fees that might have been posted. I will gladly fill out any other information that you need and will call this time to confirm that it was received.

Please help me and direct what I can do now.

I thank you in advance for your assistance.

Sincerely,

Nina Last

Nina Last
DIRECTOR