

## 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 03, 2002 8:00 am**  
**Secretary of State**

05-08-2002 90145 024 \*\*\*150.00

DOCUMENT # P00000111880

1. Entity Name

A &amp; J FINANCIAL &amp; LEGAL SERVICES, INC.

Principal Place of Business

8050 WEST MCNAB ROAD  
SUITE 212  
TAMARAC FL 33321

Mailing Address

8050 WEST MCNAB ROAD  
SUITE 212  
TAMARAC FL 33321

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 22802

Suite, Apt. #, etc.

City &amp; State

City &amp; State

FORT LAUDERDALE, FL

Zip

Country

Zip

Country

33335

U.S.A

4. FEI Number

65-1059586

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, 2002 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 PD ☒ Delete  
 NAME O'NEILL, JOHANNA  
 STREET ADDRESS 8050 WEST MCNAB ROAD SUITE 212  
 CITY-ST-ZIP TAMARAC FL 33321

TITLE VSTD ☐ Delete  
 NAME O'NEILL, JOHANNA E  
 STREET ADDRESS 8050 WEST MCNAB ROAD SUITE 212  
 CITY-ST-ZIP TAMARAC FL 33321

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Change ☐ Addition  
 NAME OATIZ, ANTHONY  
 STREET ADDRESS P.O. Box 22802  
 CITY-ST-ZIP FORT LAUDERDALE, FL 33335

TITLE VSTD ☒ Change ☐ Addition  
 NAME O'NEILL JOHANNA E  
 STREET ADDRESS P.O. Box 22802  
 CITY-ST-ZIP FORT LAUDERDALE, FL 33335

TITLE ☐ Change ☐ Addition  
 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  
 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E004 (9/01)