

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2002 8:00 am
Secretary of State
 03-26-2002 90052 016 ***150.00

DOCUMENT # P00000112606

1. Entity Name
AJ TRANSPORTATION, INC.

Principal Place of Business
17543 NW 22ND AVE
MIAMI FL 33056

Mailing Address
17543 NW 22ND AVE
MIAMI FL 33056



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

17543 NW 22ND AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami

Zip

33056

Country

FI

4. FEI Number **65-1076247**

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

JOACHIN, VICTOIRE
17543 NW 22ND AVE
MIAMI FL 33056

Name **Victoire Joachin**

Street Address (P.O. Box Number is Not Acceptable)
17543 NW 22ND AVE

City **Miami**

FL

Zip Code **33056**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	JOACHIN, ALPHONSE	
STREET ADDRESS	17543 NW 22ND AVE	
CITY-ST-ZIP	MIAMI FL 33056	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOACHIN, VICTOIRE	
STREET ADDRESS	17543 NW 22ND AVE	
CITY-ST-ZIP	MIAMI FL 33056	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **Victoire Joachin**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-02
 Date Daytime Phone #

CR2E034 (9/01)