

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90118 019 ***150.00

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DOCUMENT # P01000003582

1. Entity Name
ANJAN ENTERPRISES, INC.

Principal Place of Business

~~3309 SHERIDAN ST. #321~~
~~HOLLYWOOD FL 33021~~

Mailing Address

~~3309 SHERIDAN ST. #321~~
~~HOLLYWOOD FL 33021~~



2. Principal Place of Business

19483 NW 23 ST
 Suite, Apt. #, etc.

3. Mailing Address

19483 NW 23 ST
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Pem. PINES FL

City & State
PEMBROKE PINES, FL

4. FEI Number
65-1067097

Applied For
 Not Applicable

Zip Country
33029 USA

Zip Country
33029 USA

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

FOGEL MITCHELL C
~~2500 N MILITARY TRAIL, SUITE 111~~
~~Boca RATON FL 33431~~

7. Name and Address of New Registered Agent

Name **MURRAY, CRAIG**
 Street Address (P.O. Box Number is Not Acceptable)
19483 NW 23 ST
 City **PEMBROKE PINES FL** Zip Code **33029**

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 *Craig Murray*
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

1/25/02
 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	D <input type="checkbox"/> Delete
NAME	MURRAY, CRAIG
STREET ADDRESS	3309 SHERIDAN ST, #321
CITY-ST-ZIP	HOLLYWOOD FL 33021
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	19483 NW 23 ST
CITY-ST-ZIP	PEMBROKE PINES, FL 33029
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 *Craig Murray*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/02 (954)3098715
 Date Daytime Phone #

CR2E034 (9/01)