

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90004 042 ***150.00

DOCUMENT # P01000060437

1. Entity Name
A & J PROFESSIONAL SERVICES, INC.

Principal Place of Business

4765 SW 4TH STREET
CORAL GABLES FL 33134

Mailing Address

4765 SW 4TH STREET
CORAL GABLES FL 33134

2. Principal Place of Business

730 NW 31 AVE

Suite, Apt. #, etc.

3. Mailing Address

PO Box 351840

Suite, Apt. #, etc.

City & State
Miami FLORIDA

City & State
Miami FL

4. FEI Number
65-1117878

Applied For
Not Applicable

Zip
33125

Country

Zip
33135

Country
USA

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CARTAYA, ANA
4765 SW 4TH STREET
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name
JOSE ALFREDO ALVAREZ

Street Address (P.O. Box Number is Not Acceptable)

730 NW 31 AVE

City **Miami** **FL** **Zip Code** **33125**

8. The above named entity submits ☒ **for the purpose of changing its registered office or registered agent, or both, in the State of Florida.**

SIGNATURE *[Signature]*

Signature, typed or printed

(NOTE: Registered Agent signature required when reinstating)

DATE

1-22-02

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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE PD	<input checked="" type="checkbox"/> Delete
NAME CARTAYA, ANA	
STREET ADDRESS 4765 SW 4TH STREET	
CITY-ST-ZIP CORAL GABLES FL 33134	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
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STREET ADDRESS	
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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 PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JOSE ALFREDO ALVAREZ	
STREET ADDRESS 730 NW 31 AVE	
CITY-ST-ZIP Miami FL 33125	
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:

SIGNATURE REQUIRED

SIGNATURE AND FEE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-22-02 **305 469-8310**

CR2E034 (9/01)