

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 07, 2003 8:00 am**  
**Secretary of State**

08-07-2003 90118 038 \*\*\*550.00

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**DOCUMENT # P01000065487**

1. Entity Name

**JAJ HOLDINGS INC.**



Principal Place of Business

**2573 NW 74 AVE.  
MIAMI FL 33122**

Mailing Address

**2573 NW 74 AVE.  
MIAMI FL 33122**

2. Principal Place of Business

**655 NW 36 st.**

3. Mailing Address

**655 NW 36 st.**

Suite, Apt. #, etc.

**# 218**

Suite, Apt. #, etc.

**# 218**

City & State

**Miami FL**

City & State

**Miami FL**

Zip

**33166**

Country

**USA**

Zip

**33166**

Country

**USA**

4. FEI Number

**65-1129804**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**KATTOURA, GEORGE**

**45 NE 167TH ST**

**NORTH MIAMI BEACH FL 33162**

7. Name and Address of New Registered Agent

Name

**JOSEPH ASOUS**

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

**45 NE 167th st.**

City

**Miami**

**FL**

Zip Code

**33162**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*[Signature]*

**JOSEPH ASOUS VICE PRESIDENT**

**August 1 2003**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**

**After September 10, 2003 Fee will be \$750.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

**P  
PICCININI, ANGELA  
200 OCEAN LN DR  
KEY BISCAYNE FL 33139**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

**V  
ASOUS, JOSEPH  
45 NE 167 ST  
MIAMI FL 33162**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☒ Change ☐ Addition

**VP  
PICCININI ANGELA  
200 Ocean Ln Dr.  
Key Biscayne FL 33139**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☒ Change ☐ Addition

**P  
ASOUS JOSEPH  
45 NE 167th st.  
Miami FL 33162**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☒ Change ☐ Addition

**SVP FARID AJLOUNI  
2646 SW 130 Ter  
Miami, FL 33027**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address; with all other like empowered.

SIGNATURE:

*[Signature]* **JOSEPH ASOUS**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**August 1 2003**

Date

Daytime Phone #

CR2E034 (4/03)