

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 29, 2003 8:00 am
Secretary of State

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08-05-2003 90072 017 ***150.00

DOCUMENT # P02000135609

1. Entity Name
KAAJ, INCORPORATED



Principal Place of Business
**888 SOUTH ANDREWS AVENUE
#203
FT. LAUDERDALE FL 33316**

Mailing Address
**888 SOUTH ANDREWS AVENUE
#203
FT. LAUDERDALE FL 33316**

55055300



FBI #: 90-0055822



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

90-0055822

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

MCCRORY, JOHN W

1512 EAST BROWARD BLVD

200

FT. LAUDERDALE FL 33301

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

SIGNATURE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-16-03

Date

954-525-6664

Daytime Phone #

CR2E034 (4/03)

KAAJ, Incorporated
888 South Andrews Avenue, #203
Fort Lauderdale, Florida
33316

Attachment #
55055300

PO 2000135609

July 16, 2003

Florida Department of State

To Whom It May Concern:

As a result of a serious medical condition I am submitting the enclosed Uniform Business Report after the April 30 deadline. I had two surgeries on my back in six months time and was out of work and on bed rest for nearly five months.

Please consider the above in your determination to accept the standard \$150 fee for submission of my business report.

Sincerely,



John W. McCrory
President