

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90098 024 ***158.75

DOCUMENT # P94000003252

1. Entity Name
AJIX, INC.

Principal Place of Business 2525 DAVIE BLVD STE 330 DAVIE FL 33317 US	Mailing Address 2525 DAVIE BLVD STE 330 DAVIE FL 33317 US
2. Principal Place of Business 5900 Miami Lakes Drive	3. Mailing Address 5900 Miami Lakes Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Miami Lakes FL	City & State Miami Lakes FL
Zip 33014	Country U.S.A.
Zip 33014	Country USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0462207** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent ROSEN, LAWRENCE N 133 SEVILLA CORAL GABLES FL 33134		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	D AZOUT, JACK 2875 NE 191 ST #1 AVENTURA FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AZOUT, GILDA 2875 NE-191 ST #1 AVENTURA FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILINSKI, SAUL 2525 DAVIE ROAD STE 320 DAVIE FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V, T, S Gilinski, Saul 5900 Miami Lakes Drive Miami Lakes FL 33014 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILINSKI, FLORETTE 2525 DAVIE ROAD STE 320 DAVIE FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Gilinski, Florette 5900 Miami Lakes Drive Miami Lakes FL 33014 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Angel F. Mendoza 5900 Miami Lakes Drive Miami Lakes, FL 33014 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Angel F. Mendoza **Angel F Mendoza** 2/28/01 **2/28/01** (800) 440-6470 **(800) 440-6470**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)