

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000014089

1. Entity Name
A J K OF ORLANDO INC

Principal Place of Business
**P.O. BOX 1751
APOPKA FL 32704**

Mailing Address
**P.O. BOX 1751
APOPKA FL 32704**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3224418**

Applied For
Not Applicable

Zip Country

Zip Country

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

**JAMAL, AKBER M
3015 WINDCHIME CIRCLE W.
APOPKA FL 32704**

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.

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 Delete
**P
JAMAL, AKBER M
3015 WINDCHIME CIRCLE W.
APOPKA FL 32703**

TITLE NAME Change Addition
STREET ADDRESS CITY-ST-ZIP

TITLE NAME Delete
STREET ADDRESS CITY-ST-ZIP

TITLE NAME Change Addition
STREET ADDRESS CITY-ST-ZIP

TITLE NAME Delete
STREET ADDRESS CITY-ST-ZIP

TITLE NAME Change Addition
STREET ADDRESS CITY-ST-ZIP
**700004561317--4
-08/29/01--01014--001
***150.00 ***150.00**

TITLE NAME Delete
STREET ADDRESS CITY-ST-ZIP

TITLE NAME Change Addition
STREET ADDRESS CITY-ST-ZIP

TITLE NAME Delete
STREET ADDRESS CITY-ST-ZIP

TITLE NAME Change Addition
STREET ADDRESS CITY-ST-ZIP

TITLE NAME Delete
STREET ADDRESS CITY-ST-ZIP

TITLE NAME Change Addition
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]* **8/29/01** **407-869-4245**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

APPROVED AND FILED
01 AUG 29 AM 8:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

9/10/02
012915 AT

CR2E034 (5/01)

pg 2 of 2
AJK of Orlando Inc.
Box 1751
Orlando, FL 32704
August 29, 2001.

Department of State
Tallahassee, FL

Document No. P 94000014089

Dear Sir/madam,

I did not receive the 1st copy of Annual Report
for my Corporation. I request you to waive the
penalty and oblige.

Sincerely,

A handwritten signature in black ink, consisting of a stylized first name and a last name, written over a horizontal line.