## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR

## Mar 25, 2003 8:00 am Secretary of State P94000024390 DOCUMENT # 1. Entity Name 03-25-2003 90068 041 \*\*\*150.00 AJAX BUSINESS MACHINES, INC. Principal Place of Business Mailing Address 12587 N.W. 7 AVE. 12587 N.W. 7 AVE. MIAMI FL 33168 MIAMI FL 33168 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State 4. FEI Number City & State 65-0492528 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent i. GRANER, LOUIS P 18638 S.E. OLD TRAIL DR. E. JUPITER FL 33478 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11 TRESIDENT/DIRECTOR CR2E034 (10/02) ☐ Change X Delete TITLE VPT GRANER, ASSUNTA A NAME - CERT NAME 81ST AVE # 3306 STREET ADDRESS 1820 SW 18638 S.E. OLD TRAIL DRIVE E. STREET ABORESS CITY-ST-ZIP CITY-ST-ZIP jupiter fl 33478 🚐 ☐ Addition TITLE Delete NAME NAME GRANER, LOUIS P. STREET ADDRESS STREET ADDRESS 18638 S.E. OLD TRAIL DRIVE E. CITY-ST-ZIP CITY-ST-ZIP JUPITER FL 33478 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE □ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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

ith all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOF

changed, or on an attachme

FILED