

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P94000029827**

1. Entity Name

AJF GENERAL BUSINESS, CORP.

FILED
Jun 30, 2002 8:00 am
Secretary of State

06-30-2002 90230 018 ***150.00

Principal Place of Business
10583 N.W. 52 TERRACE
MIAMI FL 33178

Mailing Address

10583 N.W. 52 TERRACE
MIAMI FL 33178



DO NOT WRITE IN THIS SPACE

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 65-0483571	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
MEDINA, ALEJANDRO
10583 N.W. 52 TERRACE
MIAMI FL 33178

7. Name and Address of New Registered Agent
Name **MEDINA, FLORA I.**
Street Address (P.O. Box Number is Not Acceptable)
10583 NW 52 TERRACE
City **MIAMI** FL Zip Code **33178**

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 *[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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input checked="" type="checkbox"/> Delete	TITLE P/T/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MEDINA, ALEJANDRO		NAME MEDINA, FLORA I	
STREET ADDRESS 10583 N.W. 52 TERRACE		STREET ADDRESS 10583 NW 52 TERRACE	
CITY-ST-ZIP MIAMI FL 33178		CITY-ST-ZIP MIAMI FL 33178	
TITLE VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MEDINA, FLORA I		NAME	
STREET ADDRESS 10583 N.W. 52 TERRACE		STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33178		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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]* 03/05/02 (305) 994-7309
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2034 (8/01)



Attachment
B0126332

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

June 5, 2002

AJF GENERAL BUSINESS, CORP.
10583 N.W. 52 TERRACE
MIAMI, FL 33178

Subject: **AJF GENERAL BUSINESS, CORP.**

Reference Number: **P94000029827**

Please be advised, we have received your annual report/uniform business report; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The new registered agent must sign accepting the designation.

The check submitted is not payable to this office. Please make your check payable to the Department of State.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/ML
ANNUAL REPORTS SECTION