2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # **P94000060223** Mar 31, 2000 8:00 am 1. Entity Name Secretary of State ALANJO ENTERPRISES INC. 03-31-2000 90089 025 ***150.00 Mailing Address Principal Place of Business 7000 WEST PALMETTO PARK ROAD STE. 450 7000 WEST PALMETTO PARK ROAD STE. 460 BOCA RATON FL 33433 BOCA RATON FL 33433-3425 3. Mailing Address 2. Principal Place of Business 7000 W. PALMETTO PARK RN DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 65-0529090 Not Applicable \$8.75 Additional Zip Country 5. Certificate of Status Desired ろう43ろ Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GARELLEK 57EVEN GARELLEK, STEVEN Street Address (P.O. Box Number is Not Acceptable) 7000 WEST PALMETTO PARK ROAD STE. 400 **BOCA RATON FL 33433** 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. .. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed nar d title if applicable. DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11.,--☐ Change ☐ Addition TITLE ☐ Delete TITLE GARELLEK, STEVEN NAME NAME 7000 WEST PALMETTO PARK RD, STE 460 STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP **BOCA RATON FL 33433** TITLE Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP [] Change ☐ Addition ☐ Delete TITLE 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,

Daytime Phone #