## 2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

## **FILED** Jan 29, 2001 8:00 am Secretary of State DOCUMENT # **P94000090265** AJA, INC. 01-29-2001 90030 034 \*\*\*150.00 Principal Place of Business Mailing Address 3730 W OKL PK BLVD 3730 W OAKLAND PARK BLVD LAUDERDALE LAKES FL 33311 LAUDERDALE LAKES FL 33311 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0550517 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent chrest GILCHREST, ALLISON Street Address (P.O. Box Number is Not Acceptable) 3730 West Oakland Park 30 W. Oakland 3730 OAKLAND PARK BLVD Park Blvd. LAUDERDALE LAKES FL 33311 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. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS ☐ Change ☐ Addition TITLE □ Delete TITLE GILCHREST, ALLISON NAME NAME 3730 W OAKLAND PARK BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAUDERDALE LAKES FL 33311 [7] Change ☐ Addition TITLE ☐ Delete TITLE Sarkisian, Andrew SARKISAN, ANDREW NAME NAME 3730 W Oakland Park Blvd. 3730 W OAKLAND PARK BLVD STREET ADDRESS STREET ADDRESS Lauderdale Lakes, FL 33311 CITY-ST-ZIP CITY-ST-ZIP LAUDERDALE LAKES FL 33311 Delete TITLE Change ☐ Addition 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 ☐ Delete ☐ Change Addition O STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS 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

Gilchresti/02/01