

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 22, 2002 8:00 am
Secretary of State

07-22-2002 90163 021 ***550.00

DOCUMENT # P95000012824

1. Entity Name
ATAJJE, INC.

Principal Place of Business
14217 THIRD STREET
DADE CITY FL 33523

Mailing Address
1308 W SLIGH AVENUE
SUITE A
TAMPA FL 33604

2. Principal Place of Business

3. Mailing Address
1302 W. SLIGH AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Tampa

4. FEI Number
59-3387314

Applied For
 Not Applicable

Zip

Country

Zip

Country

FL

USA

5. Certificate of Status Desired ☐ **\$8.75. Additional Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GREENFELDER, GLENN
14217 THIRD STREET
DADE CITY FL 33523

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **SD**
 Signature, typed or printed name of registered agent and title if applicable.

(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 13, 2002 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 **D** ☐ Delete
 NAME **NORIEGA, ARTHUR IV**
 STREET ADDRESS **8637 CHADWICK DRIVE**
 CITY-ST-ZIP **TAMPA FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **GREENFELDER, GAIL**
 STREET ADDRESS **36601 ST. JOE ROAD**
 CITY-ST-ZIP **DADE CITY FL 33325**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** ☐ Delete
 NAME **JIMENEZ, JAMES A**
 STREET ADDRESS **1302 W. SLIGH AVENUE**
 CITY-ST-ZIP **TAMPA FL 33604**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** ☐ Delete
 NAME **ACEBO, ALBELARDO**
 STREET ADDRESS **6050 JET PORT INDUSTRIAL BLVD**
 CITY-ST-ZIP **TAMPA FL 33634**

TITLE **D** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** ☐ Delete
 NAME **JACKSON, EDWARD**
 STREET ADDRESS **6050 JET PORT INDUSTRIAL BLVD**
 CITY-ST-ZIP **TAMPA FL 33634**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** ☐ Delete
 NAME **GREENFELDER, GLENN**
 STREET ADDRESS **14217 THIRD ST**
 CITY-ST-ZIP **DADE CITY FL 33523**

TITLE ☐ Change ☐ Addition
 NAME
 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:

James A. Jimenez
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/17/02
 Date

813 933-2336
 Daytime Phone #

CR2E034 (4/02)