

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 07, 2000 8:00 am
Secretary of State

09-07-2000 90059 002 ***550.00

DOCUMENT # P95000056677

1. Entity Name

BAJA MILLWORKS, INC.

Principal Place of Business

1024 E. 17 ST.
HIALEAH FL 33010

Mailing Address

1024 E. 17 ST.
HIALEAH FL 33010

80073433

2. Principal Place of Business

3685 NW 76 ST
Suite, Apt. #, etc.

3. Mailing Address

3685 NW 76 ST.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

65-0595668

Applied For

Not Applicable

Zip

33147

Country

U.S.A.

Zip

33147

Country

U.S.A.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROJO, ASCENCION
9732 HAMMOCKS BLVD, #202
MIAMI FL 33196

7. Name and Address of New Registered Agent

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.

SIGNATURE

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, 2000 Min. 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

TITLE	DPTS	☐ Delete
NAME	ROJO, ASCENCION	
STREET ADDRESS	9732 HAMMOCKS BLVD #202	
CITY-ST-ZIP	MIAMI FL 33196	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPTS	☒ Change ☐ Addition
NAME	ROJO, Ascencion	
STREET ADDRESS	7944 SW 146 St.	
CITY-ST-ZIP	MIAMI, FL 33183	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

Ascencion Rojo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-4-00

Date

(305) 694-9424

Daytime Phone #

CR2E034 (5/00)