

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000015830

1. Entity Name

A. J. REAL ESTATE IV, INC.

FILED
Mar 09, 2000 8:00 am
Secretary of State

03-09-2000 90092 043 ***150.00

Principal Place of Business

Mailing Address

301 E LAS OLAS BLVD 7 FL
FT. LAUDERDALE FL 33301
US

301 E LAS OLAS BLVD 7 FL
FT. LAUDERDALE FL 33301-2295
US

2. Principal Place of Business

300 N.W. 127TH AVE

Suite, Apt. #, etc.

3. Mailing Address

300 N.W. 127TH AVE

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Plantation, FL

City & State

Plantation, FL

4. FEI Number

65-0643583

Applied For

Not Applicable

Zip

33325

Country

USA

Zip

33325

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KELLEY, PATRICK G
1401 E. BROWARD BLVD.
SUITE 206
FT. LAUDERDALE FL 33301

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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	<input type="checkbox"/> Delete
NAME	STARK, ELIZABETH	
STREET ADDRESS	301 E LAS OLAS BLVD 7 FL	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	
TITLE	D	<input type="checkbox"/> Delete
NAME	PEREZ, JOHN	
STREET ADDRESS	301 E LAS OLAS BLVD 7 FL	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stark, Elizabeth	
STREET ADDRESS	300 N.W. 127 TH Ave	
CITY-ST-ZIP	Plantation, FL 33325	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Perez, John	
STREET ADDRESS	300 N.W. 127 TH Ave	
CITY-ST-ZIP	Plantation, FL 33325	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: x

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)