

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90348 032 ***150.00

DOCUMENT # P96000074144

1. Entity Name

ANJOMAR CORP.



Principal Place of Business

**12635 SW 91 STREET #204
MIAMI FL 33186**

Mailing Address

**12635 SW 91 STREET #204
MIAMI FL 33186**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0730942

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MORAN, ALICIA

12635 SW 91 STREET #204

MIAMI FL 33186

Name

MORAO ALICIA

Street Address (P.O. Box Number is Not Acceptable)

12635 SW 91 ST # 202

City

Miami

FL

Zip Code

33186

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE-
NAME **P** ☐ Delete
MORAO, JOSE
STREET ADDRESS **12635 SW 91 STREET #204**
CITY-ST-ZIP **MIAMI FL 33186**

TITLE **P** ☒ Change ☐ Addition
NAME **MORAO JOSE**
STREET ADDRESS **12635 SW 91 ST # 202**
CITY-ST-ZIP **MIAMI FL 33186**

TITLE **VPS** ☐ Delete
NAME **MORAO, ALICIA T**
STREET ADDRESS **12635 SW 91 STREET #204**
CITY-ST-ZIP **MIAMI FL 33186**

TITLE **VPS** ☒ Change ☐ Addition
NAME **MORAO ALICIA**
STREET ADDRESS **12635 SW 91 ST # 202**
CITY-ST-ZIP **MIAMI FL 33186**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SOLANGE MELORE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/25/03

Date

305 2733803

Daytime Phone #

CR2E034 (10/02)