## 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9600091171  1. Entity Name  AJEA EXPORT & IMPORT INC.					Secretary of State 07-31-2001 90011 030 ***550.00			
Principal Place of Business % JAROMIR GARCIA 5555 NW 74 AVE MIAMI FL 33166		Mailing Address % JAROMIR GARCIA 5555 NW 74 AVE MIAMI FL 33166			C0074021			
2. Principal Place of Business 6960 NW 50 ST. Suite, Apt. #, etc. MIAMI FL		3. Mailing Address 6960 NW 50 ST. Suite, Apt. #, etc. MIAMI FL		DO NOT WRITE IN THIS SPACE				
City & State 3.3166		City & State 33166		4. F	65-0709279	_ <del></del>	plied For	
Zip	Country U.S.A.	Zip	Country U.S.A.	<b>5.</b> C	Certificate of Status Desired	\$8.75 Add Fee Required		
GARCIA, JAROMIR  %  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)								
MIAMI FL 33166			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 it applicable. (NOTE: Registered Agent signature required when reinstating)  PATE  9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  After September 12, 2001 Fee will be \$750.00 Make Check Payable to Department of State  10. Election Campaign Financing Trust Fund Contribution.								
11.	OFFICERS AND [	DIRECTORS	12.	AD	L DITIONS/CHANGES TO OFFICERS AT	ND DIRECTORS	3 IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARCIA, ANA 5555 NW 74 AVE MIAMI FL 33166	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		0 NW 50 ST. MI_FLORIDA_331.66	<b>X</b> Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARCIA, JAROMIR 5555 NW 74 AVE MIAMI FL 33166	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		0 NW 50 ST. MI FLORIDA 33166	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>~</b> ^	i de de la decida decida de la decida decida de la decida decida decida de la decida de la decida decida decida decida de la decida	Change	_ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		:	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	CITY-ST-ZIP	i generalistik yan saa	- सरक्षण्य गण्यारग घर व्यवस्था क्रमा व १४		Addition	
13. I hereby of indicated of the corchanged,	certify that the information supplied with on this report or supplemental report is poration or the receiver or trusted empor or on an attachment with an againess, w	this filling does not qualify for true and accurate and that m were to accurate this report a rith all of the like empower of	the exemption stated by signature shall have as required by Chapt	d in Section 1 re the same leter 607, Florid	19.07(3)(i), Florida Statutes, I further è egal effect as if made under oath; that da Statutes; and that my name appear	ertify that the in I am an officer s in Block 11 or	formation or director Block 12 if	