

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 22, 2000 8:00 am
Secretary of State
 02-22-2000 90034 008 ***150.00

DOCUMENT # P96000098219

Entity Name
CLAJOR CORP.

Principal Place of Business Mailing Address
 EAST 9TH ST 40 EAST 9TH ST
 FL 33010 HIALEAH FL 33010-4210

8 1 3 3 4 3



DO NOT WRITE IN THIS SPACE

Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
65-0718094 Not Applicable

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

6. Name and Address of Current Registered Agent
~~PEREZ, GLADYS~~
~~40 EAST 9TH ST~~
~~HIALEAH FL 33010~~

7. Name and Address of New Registered Agent
 Name Sayegh, Jorge
 Street Address (P.O. Box Number is Not Acceptable)
 971 East 26th Street
 City Hialeah, FL 33013

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: *X [Signature]* (NOTE: Registered Agent signature required when reinstating) DATE

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

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<input checked="" type="checkbox"/> Delete	P PEREZ, GLADYS 40 EAST 9TH ST HIALEAH FL 33010	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE President & Director NAME Sayegh, Jorge STREET ADDRESS 971 East 26th Street CITY-ST-ZIP Hialeah, Florida 33013
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 an other like empowered.

SIGNATURE: *X [Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)