

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000017003

1. Entity Name

A.J. SOLUTIONS INC

FILED

Feb 07, 2001 8:00 am
Secretary of State

02-07-2001 90199 049 ***150.00

Principal Place of Business

Mailing Address

3201 W COMMERCIAL BLVD
SUITE 225
FORT LAUDERDALE FL 33309

3201 W COMMERCIAL BLVD
SUITE 225
FORT LAUDERDALE FL 33309

2. Principal Place of Business

A.J. SOLUTIONS, INC.

3. Mailing Address

A.J. SOLUTIONS, INC.

Suite, Apt. #, etc.

5100 NW 33ave #249

Suite, Apt. #, etc.

5100 NW 33ave #249

City & State

FL Lauderdale, FL

City & State

FL Lauderdale, FL

Zip

33309

Country

USA

Zip

33309

Country

USA

4. FEI Number

65-0743033

Applied For

Not Applicable

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

JOSHI, AJAY

4025 SW 15TH STREET

E207

POMPANO BEACH FL 33069

Name

JOSHI, AJAY

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

10 ~~DAVE~~ Cortez way

City

Dave

FL

Zip Code

33324

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

AJoshi

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

(NOTE: Registered Agent signature required when reinstating)

02/05/01

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, 2001 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
NAME
STREET ADDRESS
CITY-ST-ZIP
P
AJAY, JOSHI
4025 SW 15TH STREET
POMPANO BEACH FL 33069 ☐ Delete

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

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☐ Change ☐ Addition

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:

AJoshi

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/05/01

Date

954-730-7676

Daytime Phone #

CR2E034 (10/00)