

10F2

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000064589

1. Entity Name
A. J. V., Market, Inc.

FILED
00 JUL 25 AM 11:42
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business Mailing Address
**370 SW 109th Avenue
Sweet Water Miami
Florida, 33174** **Same**

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

99-00AR
DON'T WRITE IN THESE SPACES

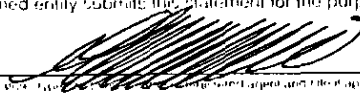
4. FEI Number **650771219**
Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
**Angel Vallejo
7624 SW 146th Place, Miami FL 33186**

7. Name and Address of New Registered Agent
Name
Street Address (PO Box Number is Not Acceptable)
City FL Zip Code

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  DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elect 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

TITLE	<input type="checkbox"/> Delete
NAME	P. Angel Vallejo
STREET ADDRESS	9624 SW 146th Pl, Miami, FL 33186
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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS #11

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	000003343900--1
STREET ADDRESS	-08/02/00--01049--037
CITY-ST-ZIP	****300.00 ****300.00
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 119.0713(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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KE

Division of Corporations
P.O. BOX 6327
Tallahassee, Fl 32314

Per instructions from Division of Corporations, I am attaching a check in the amount of \$300.00 for the annual reports fee with my application.

I also state that I have not received any notice from the Division of Corporations in respect with my corporation **A. J. V. MARKET, INC.** Thank you for your courtesy in this matter.



ANGEL VALLEJO
President, **A. J. V. Market, Inc.**