

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000099460

1. Entity Name

ARJOS ENTERPRISES, INC.

FILED

Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90011 037 ***150.00

Principal Place of Business

Mailing Address

3200 HAWKS RIDGE POINT
KISSIMMEE FL 34744

3200 HAWKS RIDGE POINT
KISSIMMEE FL 34741-7525



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

101 EAST VINE ST

101 EAST VINE ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Kissimmee, FL

Kissimmee, FL

City & State

City & State

32744

32744

Zip

Country

Zip

Country

4. FEI Number

65-0800644

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

SEGAL, THESLA
591 SE 5TH AVENUE
POMPANO BEACH FL 33060

Name

Segal, Thesla

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

3200 Hawks Ridge Point

City

Kissimmee

FL

Zip Code

34744

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 if applicable.

(NOTE: Registered Agent signature required when re-registering)

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DS	<input type="checkbox"/> Delete
NAME	SEGAL, THESLA	
STREET ADDRESS	3200 HAWKS RIDGE POINT	
CITY-ST-ZIP	KISSIMMEE FL 34744	
TITLE	DP	<input type="checkbox"/> Delete
NAME	SEGAL, ALAN	
STREET ADDRESS	3200 HAWKS RIDGE POINT	
CITY-ST-ZIP	KISSIMMEE FL 34744	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 19.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)