

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90011 037 ***150.00

DOCUMENT # P97000099460

1. Entity Name
ARJOS ENTERPRISES, INC.

Principal Place of Business Mailing Address
3200 HAWKS RIDGE POINT **3200 HAWKS RIDGE POINT**
KISSIMMEE FL 34744 **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 Zip

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

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

7. Name and Address of New Registered Agent

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 *Thesla Segal* **4-5-2000** *Thesla Segal* **4-5-2000**
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

| | | |
|----------------|-------------------------------|---------------------------------|
| 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 | | |
| 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 IN 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 | | |
| 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 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: *Thesla Segal* *Thesla Segal* **4-5-2000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)