2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000109178

1. Entity Name

A J INTERIORS, INC.

FILED
Mar 28, 2000 8:00 am
Secretary of State
03-28-2000 90061 012 ***150.00

Principal Place of Business	Mailing Address
6240 NW 15TH ST MARGATE FL 33063	6240 NW 15TH ST MARGATE FL 33063-2703

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1825 Mears Parkway	1825 Mears Parkway
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Margate, FL	City & State: Margate, FL
Zip: 33063 Country:	Zip: 33063 Country:

4. FEI Number 65-0803620 ☐ 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
CHANDLER, JAMES 6240 NW 15TH ST MARGATE FL 33063	Name: Street Address (P.O. Box Number is Not Acceptable): 1825 Mears Parkway City: Margate FL Zip Code: 33063

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] Date: 3/22/00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	D CHANDLER, JAMES 6240 NW 15TH ST MARGATE FL 33063 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 1825 Mears Parkway Margate, FL 33063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/99)

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: [signature] Date: 3/22/00 Daytime Phone #: 954-520-0203

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR