

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 26, 2000 8:00 am**  
**Secretary of State**

02-26-2000 90025 044 \*\*\*150.00

**DOCUMENT # P98000021365**

1. Entity Name  
**DJ & AH, CORP.**

Principal Place of Business 11307 US HWY 92 E SEFFNER FL 33584	Mailing Address 11307 US HWY 92 E SEFFNER FL 33584-3350
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3499416** Applied For  Not Applicable

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

6. Name and Address of Current Registered Agent  
**PATEL, SURESH**  
**11500 SUMMIT WEST 19F**  
**TEMPLE TERRACE FL 33617**

7. Name and Address of New Registered Agent  
 Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City **FL** Zip Code \_\_\_\_\_

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]* (NOTE: Registered Agent signature required when reinstating) 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 <b>PD</b> <input type="checkbox"/> Delete	NAME <b>PATEL, SURESH</b> STREET ADDRESS <b>11500 SUMMIT WEST 19F</b> CITY-ST-ZIP <b>TEMPLE TERRACE FL 33617</b>
TITLE <b>VD</b> <input type="checkbox"/> Delete	NAME <b>PATEL, HETAL</b> STREET ADDRESS <b>11500 SUMMIT WEST 19F</b> CITY-ST-ZIP <b>TEMPLE TERRACE FL 33617</b>
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 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 _____
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 119.07(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]* **SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)