

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000042490

1. Entity Name

AJNB INVESTMENTS, CORP.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90110 027 ***150.00

Principal Place of Business

6270 NW 37TH AVENUE
 MIAMI FL 33147

Mailing Address

6270 NW 37TH AVENUE
 MIAMI FL 33147-7522

00052744



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5571 W. Boynton Bch., Blvd
 Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

BOYNTON Bch., FL.

City & State

Zip

33437

Country

U.S.A.

Country

4. FEI Number

65-0841510

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

ABECASSIS, JASON
 6270 NW 37TH AVENUE
 MIAMI FL 33147

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, typed or printed name of registered agent and title if applicable

(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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	ABECASSIS, JASON	
STREET ADDRESS	6270 NW 37TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33147	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ABECASSIS, HUGO	
STREET ADDRESS	6270 NW 37TH AVE	
CITY-ST-ZIP	MIAMI FL 33147	
TITLE	C	<input type="checkbox"/> Delete
NAME	ABECASSIS, JOEL	
STREET ADDRESS	6270 NW 37TH AVE	
CITY-ST-ZIP	MIAMI FL 33147	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-29-00

Date

305-835-2255

Daytime Phone #

CR2E034 (9/99)