

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000063961

1. Entity Name

GJA CORPORATION

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90023 008 ***150.00

Principal Place of Business

1455 N.E. 180TH STREET
NORTH MIAMI BEACH FL 33162

Mailing Address

1455 N.E. 180TH STREET
NORTH MIAMI BEACH FL 33162-1342

2. Principal Place of Business

14270 SW 166 Street
Suite, Apt. #, etc.

3. Mailing Address

14270 SW 166 ST.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

65-0855025

Applied For

Not Applicable

Zip

33186

Country

FLA-DADE

Zip

33186

Country

FLA-DADE

5. Certificate of Status Desired

☐

\$0-75-Additional
Fee Required

6. Name and Address of Current Registered Agent

ZUNIGA, JOHN J
1455 N.E. 180TH STREET
NORTH MIAMI BEACH FL 33162

7. Name and Address of New Registered Agent

Name

ALEXANDRA TAMAYO

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

14270 SW 166 Street

City

MIAMI

FL

Zip Code

33186

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 ALEXANDRA TAMAYO

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/19/2000

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 PTD ☐ Delete
NAME TAMAYO, ALEXANDRA
STREET ADDRESS 1455 N.E. 180TH STREET
CITY-ST-ZIP NORTH MIAMI BEACH FL 33162

TITLE VSD ☒ Delete
NAME ZUNIGA, JOHN J
STREET ADDRESS 1455 N.E. 180TH STREET
CITY-ST-ZIP NORTH MIAMI BEACH FL 33162

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Alexandra Tamayo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-20-00

Date

305 956-5979

Daytime Phone #

CR2E034 (9/99)