

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000065683

1. Entity Name

A. J. REAL ESTATE V, INC.

**FILED**  
**Mar 20, 2000 8:00 am**  
**Secretary of State**

03-20-2000 90145 034 \*\*\*150.00

Principal Place of Business

301 E LAS OLAS BLVD  
7TH FLOOR  
FORT LAUDERDALE FL 33301

Mailing Address

301 E LAS OLAS BLVD  
7TH FLOOR  
FORT LAUDERDALE FL 33301-2295

A0032167



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

300 N.W. 127<sup>TH</sup> AVE

Suite, Apt. #, etc.

3. Mailing Address

300 N.W. 127<sup>TH</sup> AVE

Suite, Apt. #, etc.

City & State

Plantation, FL

City & State

Plantation, FL

4. FEI Number

65-0860125

Applied For

Not Applicable

Zip

33325

Country

Zip

33325

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

KELLEY, PATRICK G  
1401 EAST BROWARD BLVD. #206  
FORT LAUDERDALE FL 33301

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, 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

TITLE D  
NAME PEREZ, ELIZABETH S  
STREET ADDRESS 301 E LAS OLAS BLVD 7TH FL  
CITY-ST-ZIP FORT LAUDERDALE FL 33301 ☐ Delete

TITLE D  
NAME PEREZ, JOHN  
STREET ADDRESS 301 E LAS OLAS BLVD 7TH FL  
CITY-ST-ZIP FORT LAUDERDALE FL 33301 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Change ☐ Addition  
NAME Perez, Elizabeth S  
STREET ADDRESS 300 N.W. 127<sup>TH</sup> AVE  
CITY-ST-ZIP Plantation, FL 33325

TITLE D ☒ Change ☐ Addition  
NAME Perez, John  
STREET ADDRESS 300 N.W. 127<sup>TH</sup> AVE  
CITY-ST-ZIP Plantation, FL 33325

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

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

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

TITLE ☐ Change ☐ 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/00

Date

954-424-7135

Daytime Phone #