

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

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

**DOCUMENT # P98000065683**

1. Entity Name

**A. J. REAL ESTATE V, INC.**

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

3. Mailing Address

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

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Plantation, Fl.**

**Plantation, Fl.**

4. FEI Number

**65-0860125**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33325**

**33325**

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

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

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	<b>PEREZ, ELIZABETH S</b>	<b>301 E LAS OLAS BLVD 7TH FL</b>	<b>FORT LAUDERDALE FL 33301</b>	<input type="checkbox"/>
D	<b>PEREZ, JOHN</b>	<b>301 E LAS OLAS BLVD 7TH FL</b>	<b>FORT LAUDERDALE FL 33301</b>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
D	<b>Perez, Elizabeth S</b>	<b>300 N.W. 127<sup>TH</sup> AVE</b>	<b>Plantation, Fl. 33325</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	<b>Perez, John</b>	<b>300 N.W. 127<sup>TH</sup> AVE</b>	<b>Plantation, Fl. 33325</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

*[Handwritten Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/00\*

Date

954-424-7135

Daytime Phone #

A0032167



DO NOT WRITE IN THIS SPACE