

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000067276

1. Entity Name

AJ INVESTMENT PROPERTIES, INC.

Principal Place of Business

20805 SW 172 AVE.
MIAMI FL 33187

Mailing Address

304 PALERMO AVE.
MIAMI FL 33134

2. Principal Place of Business

3. Mailing Address

P.O. BOX 570520

Suite, Apt. #, etc.

Suite, Apt. #, etc.

MIAMI F

City & State

City & State

33137

Zip

Country

Zip

Country

USA

4. FEI Number 65-0854702

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

GARCIA, WILLIAM ESQ.
201 ALHAMBRA CIR, STE 500
CORAL GABLES FL 33134-5107

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, 2001 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 ☐ Delete
NAME D
STREET ADDRESS WILKINS, PAUL D
CITY-ST-ZIP 10415 SW 200TH ST
MIAMI FL 33157

TITLE ☒ Change ☐ Addition
NAME WILKINS, PAUL D
STREET ADDRESS 19200 SW 88Ct
CITY-ST-ZIP MIAMI FL 33157

TITLE ☐ Delete
NAME D
STREET ADDRESS WILKINS, TAMARA E
CITY-ST-ZIP 10415 SW 200TH ST
MIAMI FL 33157

TITLE ☒ Change ☐ Addition
NAME WILKINS, TAMARA
STREET ADDRESS 19200 SW 88Ct
CITY-ST-ZIP MIAMI FL 33157

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Tamara Wilkins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-01 (303) 333-3637

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)