

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000092173	
1. Entity Name ATJC PROPERTY, INC.	

Principal Place of Business 20400 N.E. 30TH AVENUE AVENTURA, FL 33180	Mailing Address 20400 N.E. 30TH AVENUE AVENTURA, FL 33180
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01132004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0901767	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SEIF, EVAN D 2800 PONCE DE LEON BOULEVARD SUITE 1125 CORAL GABLES, FL 33134

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U00000152723 05/04/04-80098-005 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P WILLIAM, LANDA 19355 TURNBERRY WAY #25G AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GORDON, MARK 19951 NE 39TH PLACE AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP KESSLER, EUGENE 19955 TURNBERRY WAY TSD/E AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

12. 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 10 or Block 11 if changed, or on an attachment with an address, with any other like empowered.

SIGNATURE: <i>X Ammi Chalon</i> EX. V.P.	Date: 4-29-04	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		