

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000003245

1. Entity Name

ACJ TECH, INC.

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90147 020 ***150.00

Principal Place of Business

2484 PRAIRIE AVENUE
 MIAMI BEACH FL 33140

Mailing Address

2484 PRAIRIE AVENUE
 MIAMI BEACH FL 33140-3405

2. Principal Place of Business

12295 NW 7th Avenue

3. Mailing Address

12295 NW 7th Avenue

Suite, Apt. #, etc.

105

Suite, Apt. #, etc.

105

City & State

North Miami, FL

City & State

North Miami, FL

Zip

33168

Country

USA

Zip

33168

Country

USA

4. FEI Number

65-0886367

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

CARVAJAL, LUIS

2484 PRAIRIE AVENUE
 MIAMI BEACH FL 33140

Name

Raul Zaldivar

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

344 East 33 Street # B

City Hialeah

FL

Zip Code 33013

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	PD	<input checked="" type="checkbox"/> Delete
NAME	CARVAJAL, LUIS	
STREET ADDRESS	2484 PRAIRIE AVENUE	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	CARVAJAL, ADELA	
STREET ADDRESS	2484 PRAIRIE AVENUE	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Raul Zaldivar	
STREET ADDRESS	344 E 33 Street # B	
CITY-ST-ZIP	Hialeah, FL 33013	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)