

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000024226

1. Entity Name

A A J-OF MIAMI, INC.

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90097 032 ***150.00

Principal Place of Business

885 SE 14TH STREET
HIALEAH FL

Mailing Address

885 SE 14TH STREET
HIALEAH FL 33010-5949

*1/c Bill Seidle
Nissan
2900 N.W.
36 ST
Miami Fla
33142*

2. Principal Place of Business

*885 SE 14 ST
Suite, Apt. #, etc.
Hialeah Fla*

3. Mailing Address

*1/c Bill Seidle Nissan
Suite, Apt. #, etc.
2900 NW 36 ST*

City & State

City & State

Miami Fla

Zip

Country

Dade

Zip

33142

Country

Dade

4. FEI Number

65-0908231

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

FALLON, KIERAN ESQ
BRICKELL BAYVIEW CENTER
80 S.W. EIGHT STREET, SUITE 2804
MIAMI FL 33130

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	PSTD SEIDLE, WILLIAM D 885 SE 14TH STREET HIALEAH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 #

*Phone 305-637-5240
1-5-2000*