

2200 UNIFORM BUSINESS REPORT (UBR)

6.

FILED
Jul 05, 2000 8:00 am
Secretary of State

06-09-2000 90215 040 ***150.00

DOCUMENT # **P99 000036407**

1. Entity Name

AJUT ENTERPRISE INC

Principal Place of Business

901 VALENCIA Rd
South Daytona
FL 32119

Mailing Address

901 Valencia Rd
South Daytona
FL 32119

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

S9-3573525

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

DHANESH N. AMIN
901 VALENCIA ROAD
SOUTH DAYTONA, FL 32119

7. Name and Address of New Registered Agent

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5/18/00

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 **M**
NAME **UPENDRA G. DESAI**
STREET ADDRESS **901 VALENCIA ROAD**
CITY-ST-ZIP **SOUTH DAYTONA FL 32119**

☐ Delete

TITLE **D**
NAME **Dhanesh N. Amin**
STREET ADDRESS **901 Valencia Road**
CITY-ST-ZIP **South Daytona FL 32119**

☐ Delete

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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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]* **DHANESH AMIN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/18/00

Date

904-788-7569

Daytime Phone #

CR2E034 (9/99)