

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000037593**

1. Entity Name

AJA INTERNATIONAL ENTERPRISES, INC.

FILED

00 OCT -5 PM 12:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1848 COMMERCE AVENUE
VERO BEACH FL 32960

Mailing Address

740 14TH ST.
VERO BEACH FL 32960

2. Principal Place of Business

436 21st St
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

VERO BN FL

City & State

Zip

32960

Country

Zip

Country

4. FEI Number

65-0914184

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SILVESTRI, CHERYL
1848 COMMERCE AVENUE
VERO BEACH FL 32960

7. Name and Address of New Registered Agent

Name

CHERYL SILVESTRI

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

740 14th St

City

VERO BN FL

FL

Zip Code

32960

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 \$550.00**
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

D ☐ Delete
TITLE
NAME SILVESTRI, CHERYL
STREET ADDRESS 1848 COMMERCE AVENUE
CITY-ST-ZIP VERO BEACH FL 32960TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

D ☐ Change ☐ Addition
TITLE
NAME CHERYL SILVESTRI
STREET ADDRESS 740 14th St
CITY-ST-ZIP VERO BN FL 32960TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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

9.7.00

Date

561.770.3910

Daytime Phone #

CR2E034 (\$500)