

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000041164

1. Entity Name

IHAJTL, INC.

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90059 022 ***150.00

Principal Place of Business

Mailing Address

1635 LANDS END RD.
PT.MANALAPAN FL 33462

1635 LANDS END RD.
PT.MANALAPAN FL 33462-4761

2. Principal Place of Business

1295 Lands End Road

3. Mailing Address

1295 Lands End Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pt. Manalapan, FL

City & State

Pt. Manalapan, FL

4. FEI Number

65-0919784

Applied For

Not Applicable

Zip

Country

33462

USA

Zip

Country

33462

USA

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

KAROSSAS, RAYMOND K
1635 LANDS END RD.
PT.MANALAPAN FL 33462

Name

Karosas, Raymond K (spelling change)

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

1295 Lands End Road

City

Pt. Manalapan, FL

FL

Zip Code

33462

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

President
Karosas, Raymond K.
1295 Lands End Road
Pt. Manalapan, FL 33462

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561-835-3741

CR2E034 (9/99)