

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

0422130
AV

DOCUMENT # P990000041164

1. Entity Name
IHAJTL, INC.



Principal Place of Business
**1295 LANDS END ROAD
PT. MANALAPAN FL 33462**

Mailing Address
**1295 LANDS END ROAD
PT. MANALAPAN FL 33462**



2. Principal Place of Business
553 HARBOR CT
Suite, Apt. #, etc.

3. Mailing Address
553 HARBOR CT,
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
DELRAY BCH, FL.
Zip
33483
Country
USA

City & State
DELRAY BCH, FL
Zip
33483
Country
USA

4. FEI Number
65-0919784

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**KAROSAS, RAYMOND K
1295 LANDS END ROAD
PT. MANALAPAN FL 33462**

7. Name and Address of New Registered Agent

Name
RAYMOND K KAROSAS
Street Address (P.O. Box Number is Not Acceptable)
553 HARBOR CT,
City
DELRAY BCH FL Zip Code
33483

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
KAROSAS, RAYMOND K
1295 LANDS END ROAD
PT. MANALAPAN FL 33462** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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TITLE
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CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**RAYMOND K KAROSAS
553 HARBOR CT,
DELRAY BCH, FL 33483** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. 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 10 or Block 11 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 **4/18/03** Daytime Phone # _____

CR2E034 (10/02)