

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000074231

1. Entity Name

AJD RESTAURANTS, INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90042 020 ***150.00

Principal Place of Business

6557 FAIRWAY HILL COURT
 ORLANDO FL 32835-5741

Mailing Address

6557 FAIRWAY HILL COURT
 ORLANDO FL 32835-5741

2. Principal Place of Business

2189 EAST SEMORAN BLVD

3. Mailing Address

1000 ABERNATHY LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

APOPKA, FLORIDA

City & State

APOPKA, FLORIDA

Zip

32703

Country

US

Zip

32703

Country

US

4. FEI Number

59-3599560

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

SEGAL, LESTER E
 400 NORTH ASHLEY DRIVE
 SUITE 2300
 TAMPA FL 33602

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 ☐ Delete
 NAME D
 STREET ADDRESS DELGADO, ADRIAN J
 CITY-ST-ZIP 6557 FAIRWAY HILL COURT
 ORLANDO FL 32835-5741

TITLE ☒ Change ☐ Addition
 NAME D
 STREET ADDRESS DELGADO, ADRIAN J
 CITY-ST-ZIP 1000 ABERNATHY LN. #106
 APOPKA, FL 32703

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

TITLE ☐ 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-00

Date

(407) 252 7094

Daytime Phone #

CR2E034 (9/99)