

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000099786

1. Entity Name
AJC AUTO TRUCK, INC.

Principal Place of Business _____ Mailing Address _____

7131 SHERIDAN STREET
HOLLYWOD FL 33024

7131 SHERIDAN STREET
HOLLYWOD FL 33024

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0960969

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

DE LA ROSA, ANGELA
7131 SHERIDAN STREET
HOLLYWOD FL 33024

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, 2002 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	NAME	TITLE	NAME
NAME	D DE LA ROSA, ANGELA 7131 SHERIDAN STREET HOLLYWOD FL 33024	<input type="checkbox"/> Delete	NAME
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
NAME		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS			
CITY-ST-ZIP			
NAME		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS			
CITY-ST-ZIP			
NAME		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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CITY-ST-ZIP			
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CITY-ST-ZIP			
NAME		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS			
CITY-ST-ZIP			
NAME		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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: *Angela de la Rosa*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-02 954-964-7313

Date

Daytime Phone #