2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

S81253

1. Entity Name A.J.R.M., INC. AJRM178 334 NOTIFY SENDER AJRM INC DBA 1043 SW BROME

FILED Jan 24, 2002 8:00 am Secretary of State

01-24-2002 90366 039 ***150.00

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Principal Place of Business Mailing Address						1111			
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BOCA RATON	I FL 33436		BOCA RATON FL 33436					<u> </u>	<u> </u>
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Principal Place of Business 3. Mailing Address							E HOUREBER ERE HOURE EEREN TROOP BEIND EERE WEDER R	(81) 8 1811 81811	BIRIL BIRIT 1881
1043 S.W. BROMELIA TER. 1043 S.W. BROM					EUA .	TER.			
Suite, Apt. #, etc. Suite, Apt. #, etc.							DO NOT WRITE IN THIS S	SPACE	
STUA	rt f	<u>-ι, </u>	STUART FL.						
City & State			City & State			4. 1	65-0283835	— —	pplied For
710	To County 75			Cour					lot Applicable
34997	7	Country U.S. A	34997	Con	es.	5. (\$8.75 Ad Fee Require	
07117		and Address of Current Re		1/4/14	~ <i>~</i>		Name and Address of New Registered /		
			3,0,0,00		Name		Anna anim and Anna an	134	
SEGAL, B	ARRY G								
7000 W. PALMETTO PARK RD.					Street Address (P.O. Box Number is Not Acceptable)				
SUITE 402									
		400							
BOCA RATON FL 33433					City		FL	Zip Coc	ie
A The above	named entit	v submits this statement for t	he number of changing it	c register	L	registered an	gent, or both, in the State of Florida.		
o. The above	named enu	y submitted tries statement for t	ne purpose or changing it	s register	eu onice oi	registered ag	gent, or both, in the State of Florida.		
0.01.1.7.1.05									[
SIGNATURE.	Signature, typed	or printed name of registered agent and	title if applicable. (NO	TE: Registere	d Agent signati	ire required when re	einstating) DATE		
			Fu = NOW		10 64 50 1				
					FEE IS \$150.00 Fee will be \$550.00		10. Election Campaign Financing	_ \$5.0	00 May Be
_	equirement a ria on back)	and elects to do so.	Make Check Paya				Trust Fund Contribution.	Adde	d to Fees
11.		OFFICERS AND DI	<u> </u>	12.			DITIONS/CHANGES TO OFFICERS AND	DIRECTOR	OC INI 11
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STREET ADDRESS	178 CITRI				ET ADDRESS	MCMB	W. BROMELIA TERM		ł
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13. I hereby d	ertify that the	e information supplied with th	is filing does not qualify fo	or the exe	mption stat	ed in Section	119.07(3)(i), Florida Statutes. I further cert	tify that the i	nformation
indicated	on this repoi	t or supplemental report is tr	ue and accurate and that	my signat	ture shall ha	ave the same t	legal effect as if made under oath; that I a	ım an office	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:

- willey one SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR