

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F96000005902**1. Entity Name
BOJAY LTD., INC.**FILED**
Jul 19, 2001 8:00 am
Secretary of State06-20-2001 90014 043 ***150.00
07-19-2001 90233 041 ***400.00Principal Place of Business
PO BOX 2576
WINTER PARK FL 32790Mailing Address
PO BOX 2576
WINTER PARK FL 32790

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **51-0274966**Applied For
Not Applicable5. 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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-0000

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 the if applicable.

(NOTE: Registered Agent signature required when renewing)

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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
STREET ADDRESS
CITY- ST- ZIP
DCP
VJAY, RAJESH
P.O. BOX 2576
WINTER PARK FL ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ DeleteTITLE
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CITY- ST- ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ 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: Rajesh Vjay

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)