FILED Jan 22, 2003 8:00 am Secretary of State

01-22-2003 90043 029 ***158.75

P97000023620

DOCUMENT #

1. Entity Name
AMRAPALI, INC.



1214 ORTIZ A	e of Business VET 33905 GTande Oak Blud OFL- 33928	Mailing Address 1214 ORTIZ AVE FT MYERS FL 33905 から			1 : 0.0 ((0) : (0)	i	I AASIN AANSO SKRI	IJ (1163 BIGG)	HEN BEN HER	
STER	0 FC- 33928	9								
2. Principal F	lace of pusiness	3. Mailing Address		1 1801100 P P P 10 10 1) 32 111 90113 1151	IR ISSID RISSO	11011 8011 1001		
203010	GRANDE OBK BIYD									
Suite, Apt.	ARANDE OBK BIYD #, etc. (SWIE # 106)	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES					
City & State ESTERD FL		City & State			4. FEI Number 65-0755679 Applied For Not Applicable					
Zip 339	Country 4SA	Zip	Country		5. Certificate of State	us Desired		8.75 Add		
	6. Name and Address of Current	Registered Agent			7. Name and Addre	ss of New Re	gistered Ag	ent		
			Name							
RATHOD, MOHAN R				On a Address (DO Co. M. L. Sie Ma Association)						
1214 ORTIZ AVE.				Street Address (P.O. Box Number is Not Acceptable)						
	S FL 33905									
	5 1 E 55555		City				FL	Zip Cod	e	
	named entity submits this statement for ions of registered agent.	or the purpose of changing its r	egistered office o	r registere	ed agent, or both, in the	e State of Flor	ida. I am far	niliar with,	and accept	
SIGNATURE .	Signature, typed or printed name of registered agent	and title if anniloshie (NOTE:	Registered Agent signa	ture required v	uhan rainstation)		DATE			
	Signature, typed of printed frame of registered agents	ана иле и аррисавіе. (NOTE.	negistered Agent signa	rore redused v	witers restrictating)					
⊙ After	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department of	f State				Campaign Fina d Contribution	~ —		O May Be I to Fees	
10.	OFFICERS AND		11.		ADDITIONS/CHANG	SES TO DEFI	CERS AND F	IRECTOR:	S IN 11	
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12. Thereby o	certify that the information supplied with	this tiling does not qualify for t	the exemption sta	ited in Sec	tion 119.07(3)(i), Florid	da Statutes. I i	turther certify	z that the in	normation	

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 of 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:

DIATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

//16 /0 / Date Da

Daytime Phone #

E034 (10/02)