## 2002 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT# 588977** 

DENNIS, CARÓLYN S.

() Delete

26 LAREDO CT.

NORTH YORK, ON

DENNIS, JAMES W.

26 LAREDO CT.

NORTH YORK, ON

Name:

Title:

Name:

Address:

City-St-Zip:

Address City-St-Zip: FILED Jan 16, 2002 8:00 AM Secretary of State

Entity Nam	ie: RAJA H	HOLDINGS, INC					
Current Principal Place of Business:				New Pr	New Principal Place of Business:		
5430 EAGL #403	ES POINT (	CIR					
SARASOTA	A, FL 34231	US					
Current Ma	iling Addr	ess:		New Ma	ailing Addre	ss:	
5430 EAGL	ES POINT (	CIR					
#403 SARASOTA	۹, FL 34231	US					
FEI Number: 59-1967957 FEI Number Applied For ( ) F			FEI Number Not A	Number Not Applicable ( ) Certificate of Status Desired ( )			
Name and Address of Current Registered Agent:				Name a	Name and Address of New Registered Agent:		
5440 EAGL APT 403 SARASOTA The above in the State SIGNATUR	A, FL 34231 named entit of Florida.	US	atement for the po	urpose of changir	ng its register	red office or registered agent, or both,	
Electronic Signature of Registered Agent					Date		
		to satisfy its Intar ing Trust Fund Co	ngible Tax filing requ	irement and elects	to do so (X).		
OFFICERS AND DIRECTORS:				ADDITI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	DENNIS, LIS 26 LAREDO		DA,	Title: Name: Address: City-St-Zi		(X) Change()Addition JAMES L DO COURT D, ON M2M4H6 CA	
Title: Name: Address: City-St-Zip:	DENNIS, JAN 26 LAREDO	*	DA,	Title: Name: Address: City-St-Zi		(X) Change ( ) Addition LISA R DO COURT D, ON M2M 4H6 CA	
Title <sup>.</sup>	V	( ) Delete		Title <sup>.</sup>	V	(X) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

DENNIS, CAROLYN S

TORONTO, ON M2M 4H6

TORONTO, ON M2M 4H6 CA

(X) Change ( ) Addition

26 LAREDO COURT

DENNIS, JAMES W

26 LAREDO COURT

SIGNATURE: JAMES L. DENNIS Ρ 01/16/2002