## 2001 UNIFORM BUSINESS REPORT (UBR)

## Apr 30, 2001 8:00 am Secretary of State DOCUMENT # F93000004770 RAJ REALTY HOLDING CORP. 04-30-2001 90428 031 \*\*\*150.00 Mailing Address Principa! Place of Business 6701 90TH AVE., NORTH 6701 90TH AVE., NORTH PINELLAS PARK FL 34666 PINELLAS PARK FL 34666 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3199330 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ANESTIS, ROBERT Street Address (P.O. Box Number is Not Acceptable) 6701 90TH AVE., NORTH PINELLAS PARK FL 34666 City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PD Change Addition ☐ Delete TITLE TITLE JACKSON, CHARLES A JR NAME NAME 6701 90TH AVE., NORTH STREET ADDRESS STREET ADDRESS PINELLAS PARK FL 34666 CITY-ST-ZIP CITY-ST-ZIP SDT M Change Addition TITLE ☐ Delete TITLE ANESTIS, ROBERT NAME NAME 6701 90TH AVE., NORTH STREET ADORESS STREET ADDRESS CITY-ST-ZIP PINELLAS PARK FL CITY-ST-ZIP Change Addition TITLE ☐ Delete ROSENTHAL, MICHAEL J NAME NAME 6701 90TH AVE., NORTH STREET ADDRESS STREET ADDRESS PINELLAS PARK FL CITY-ST-ZiP CITY-ST-ZIP Change [ ] Addition T/T/ F ☐ Delete TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP 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. CHARLES A. JACKSCO, JR. 777. 641-6621.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/23/01

127-541-6631 or 912-598-2180

**FILED** 

CR2E034 (10/00)