

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G47619

1. Entity Name

TAJ INVESTMENT, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90108 049 ***150.00

Principal Place of Business

Mailing Address

4723 HIGHLANDS PLACE DR
LAKELAND FL 33813
US

4723 HIGHLANDS PLACE DR
LAKELAND FL 33813-2162
US

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 59-2300828

Applied For
☒ Not Applicable

5. 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

PATEL, CHHOTUBHAI N
4723 HIGHLAND PLACE DR
LAKELAND FL 33813

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. 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 PD
NAME PATEL, C.N.
STREET ADDRESS 4723 HIGHLAND PLACE DR
CITY-ST-ZIP LAKELAND FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD
NAME DEV, MAHENDRA
STREET ADDRESS 244 N FLORIDA AVE
CITY-ST-ZIP LAKELAND FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TD
NAME PATEL, K.K.
STREET ADDRESS 1406 U S 27 NORTH
CITY-ST-ZIP SEBRING FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD
NAME PATEL, J.M.
STREET ADDRESS 1039 SUGAR TREE DR S
CITY-ST-ZIP LAKELAND FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE PD
NAME PATEL, VINOD B. (2ND)
STREET ADDRESS 1406 US 27 NORTH
CITY-ST-ZIP SEBRING FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/15/00

Daytime Phone #

863647 3368

CR2E034 (9/99)