

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H90951  
Entity Name Raja Industries

FILED  
00 JUN 23 PM 2:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
Suite 345, 7091 Environ SAME  
Lauderhill, FL 33319

Principal Place of Business 3. Mailing Address  
SAME AS ABOVE SAME AS ABOVE  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
City & State City & State  
Zip Country Zip Country

4. FEI Number Applied For  
59-2617281 Not Applicable  
5. Certificate of Status Desired \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent  
Jerold I. Fridkin  
7091 Environ, Suite 345  
Lauderhill, FL 33319

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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.  
\$ June 00  
DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  
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 \$5.00 May Be  
Trust Fund Contribution. Added to Fees

| OFFICERS AND DIRECTORS  |                                 | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|---|---------------------------------|---|---|
| President<br>Jerold I. Fridkin<br>ST-ZIP 7091 Environ, Suite 345<br>Lauderhill, Fl. 33319 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date 04/03/00 90072 001 150.00  
Daytime Phone #