2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K40238 Apr 11, 2000 8:00 am Secretary of State 1. Entity Name RAJPUT, INC. 04-11-2000 90255 034 ***150.00 Principal Place of Business Mailing Address 5 FARIDA M. CHAUDHRY 712 W 15TH ST PANAMA CITY FL 32401-2243 SEES EAST 3RD ST. PANAMA CITY FL 32401 2. Principal Place of Business 3. Mailing Address SUBWAY DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. / Suite, Apt. #, etc. 712 W. 151h 4. FEI Number Applied For City & State City & State 59-2912539 Not Applicable Panama CiTh \$8.75 Additional Country 5. Certificate of Status Desired \Box Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent *Name CHAULDHRY, MUGHIS Street Address (P.O. Box Number is Not Acceptable) 712 W. 15TH ST. PANAMA CITY FL 32401 Zip Code City 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 . DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 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 OFFICERS AND DIRECTORS 12. ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME CHAUDHRY, FARIDA M. NAME STREET ADDRESS STREET ADDRESS 712 W 15TH ST CITY-ST-ZIP CITY-ST-ZIF PANAMA CITY FL ☐ Change Addition ☐ Delete TITLE NAME CHAUDHRY, MUZAFFAR A. NAME STREET ADDRESS STREET ADDRESS 712 W 15TH ST CITY-ST-7IP CITY-ST-ZIP PANAMA CITY FL ☐ Change ☐ Addition Delete TITLE CHAUDHRY, MOHAMMED A. NAME NAME STREET ADDRESS STREET ADDRESS 712 W 15TH ST CITY-ST-7IP CITY-ST-ZIP PANAMA CITY FL Change ■ Addition □ Delete TITLE CHAUDHRY, MUGHIS A. NAME NAME STREET ADDRESS STREET ADDRESS 712 W 15TH ST CITY-ST-7IP CITY-ST-ZIP PANAMA CITY FL ☐ Change Addition □ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS 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.