

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

L00000006848

1. Entity Name

RAJLIGHT CULTURAL PROMOTIONS LTD CO.

Principal Place of Business

Mailing Address

PO BOX 670545
CORAL SPRINGS FL 33067

PO BOX 670545
CORAL SPRINGS FL 33067

2. Principal Place of Business

6330 BUENA VISTA DR. PO BOX 670545

3. Mailing Address

Suite, Apt. #, etc.
CORAL SPRINGS

Suite, Apt. #, etc.

CORAL BAY

City & State

MARGATE FL

Zip
33063

Country

USA

6. Name and Address of Current Registered Agent

JAGOPAT, RAJPATTIE
4900 LIGHTHOUSE CIRCLE
APT J
COCONUT CREEK FL 33065

4. FEI Number

657094117

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

7. Name and Address of New Registered Agent

Name JAGOPAT RAJPATTIE

Street Address (P.O. Box Number is Not Acceptable)

6330 BUENA VISTA DR

CORAL BAY

City

MARGATE

FL

Zip Code

33063

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 \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE President/owner
NAME RAJPATTIE JAGOPAT
STREET ADDRESS 6330 BUENA VISTA DR, MARGATE
CITY-ST-ZIP FL 33063

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

FILED
01 MAY 21 AM 10:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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CR2E083 (11/00)