

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L29403**

(7)

1. Corporation Name

VINDRA MAHARAJ, D.D.S., P.A.



Principal Place of Business

**4956 N. PINE ISLAND RD.
10025 SUNSET STRIP
LAUDERHILL FL 33351
US**

Mailing Address

**12180 N.W. 27 STREET
10025 SUNSET STRIP
PLANTATION FL 33323
US**

3. Date Incorporated or Qualified
11/09/1989

3a. Date of Last Report
02/06/1995

2. Principal Place of Business

21 **4956 N. PINE ISLAND RD**

2a. Mailing Address

26 **1900 NE 2nd TERR**

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

LAUDERHILL FL

28 City & State

PLANTATION FL

24 Zip

333

25 Country

USA

29 Zip

33305

30 Country

USA

4. FEI Number
65-0158864

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**MAHARAJ, VINDRA
12180 NORTHWEST 27TH STREET
PLANTATION FL 33323**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature typed or printed below the signature of the officer or director)

(Print Name of Registered Agent, Signature required after filing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **PSD**
STREET ADDRESS **MAHARAJ, VINDRA**
CITY-ST-ZIP **12180 NW 27TH STREET**
PLANTATION FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **VINDRA MAHARAJ**
1.3 STREET ADDRESS **1900 NE 22nd TERR**
1.4 CITY-ST-ZIP **FT. LAUD. FL 33305**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an addition thereto with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

1/25/96

954-742-5355

CR2E034 (12/95)