

AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jul 14, 1999 8:00 am**  
**Secretary of State**

07-14-1999 90010 042 \*\*\*150.00

DOCUMENT # **L29403**

1. Corporation Name

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

Principal Place of Business

**314 S. UNIVERSITY DRIVE  
PLANTATION FL 33324  
US**

Mailing Address

**1900 NE 2ND TERR  
FORT LAUDERDALE FL 33305  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**11/09/1989**

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 owes the current year  
Intangible Personal Property. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

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Suite, Apt. #, etc.

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City & State

28

Zip

Country

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Suite, Apt. #, etc.

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City & State

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Zip

Country

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Suite, Apt. #, etc.

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City & State

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Suite, Apt. #, etc.

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City & State

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Suite, Apt. #, etc.

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City & State

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Zip

Country

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Suite, Apt. #, etc.

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City & State

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Zip

Country

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9. Name and Address of Current Registered Agent

**MAHARAJ ROY, VINDRA  
1900 NE 22ND TERRACE  
FT LAUDERDALE FL 33305**

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 607.1508, 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 name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

|                |                               |                                 |
|----------------|-------------------------------|---------------------------------|
| TITLE          | <b>P</b>                      | <input type="checkbox"/> DELETE |
| NAME           | <b>MAHARAJ, VINDRA ROY</b>    |                                 |
| STREET ADDRESS | <b>1900 NE 22ND TERR</b>      |                                 |
| CITY-ST-ZIP    | <b>FT LAUDERDALE FL 33305</b> |                                 |
| TITLE          |                               | <input type="checkbox"/> DELETE |
| NAME           |                               |                                 |
| STREET ADDRESS |                               |                                 |
| CITY-ST-ZIP    |                               |                                 |
| TITLE          |                               | <input type="checkbox"/> DELETE |
| NAME           |                               |                                 |
| STREET ADDRESS |                               |                                 |
| CITY-ST-ZIP    |                               |                                 |
| TITLE          |                               | <input type="checkbox"/> DELETE |
| NAME           |                               |                                 |
| STREET ADDRESS |                               |                                 |
| CITY-ST-ZIP    |                               |                                 |
| TITLE          |                               | <input type="checkbox"/> DELETE |
| NAME           |                               |                                 |
| STREET ADDRESS |                               |                                 |
| CITY-ST-ZIP    |                               |                                 |
| TITLE          |                               | <input type="checkbox"/> DELETE |
| NAME           |                               |                                 |
| STREET ADDRESS |                               |                                 |
| CITY-ST-ZIP    |                               |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                              |  |
|--------------------|------------------------------|--|
| 1.1 TITLE          | <b>P</b>                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           | <b>MAHARAJ - ROY, VINDRA</b> |  |
| 1.3 STREET ADDRESS |                              |  |
| 1.4 CITY-ST-ZIP    |                              |  |
| 2.1 TITLE          |                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME           |                              |  |
| 2.3 STREET ADDRESS |                              |  |
| 2.4 CITY-ST-ZIP    |                              |  |
| 3.1 TITLE          |                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME           |                              |  |
| 3.3 STREET ADDRESS |                              |  |
| 3.4 CITY-ST-ZIP    |                              |  |
| 4.1 TITLE          |                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |                              |  |
| 4.3 STREET ADDRESS |                              |  |
| 4.4 CITY-ST-ZIP    |                              |  |
| 5.1 TITLE          |                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |                              |  |
| 5.3 STREET ADDRESS |                              |  |
| 5.4 CITY-ST-ZIP    |                              |  |
| 6.1 TITLE          |                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |                              |  |
| 6.3 STREET ADDRESS |                              |  |
| 6.4 CITY-ST-ZIP    |                              |  |

14. 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 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 attachment with an address.

SIGNATURE:

**VINDRA MAHARAJ ROY** **6/29/99 (954) 568 4219**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)



VINDRA MAHARAJ, D.D.S., P.A.  
COSMETIC AND FAMILY DENTISTRY

S88064-90010-42  
L29403

1900 NE 22<sup>nd</sup> TERR  
FT. LAUD. FL 33305

ANNUAL REPORTS  
DIVISION OF CORP'NS.  
P.O. BOX 6327

TALLAHASSEE. FL 32314

7/2/99.

RE: ACCOUNT # 650158864.

Dear Sir/Madam:

This is a follow up letter after telephone conversation with a service representative called "RUTH" at (850) 488 9000 on 7/2/99 regarding Account # 650158864. The second notice for the annual corporation fee is the only correspondence I have received for the 1999 annual report. ie I have not received a "first" notice to date. My payment history should reflect that I have NO PREVIOUS LATE PAYMENTS. SINCE 1989 for this account.

With the above in consideration and after speaking to your representative, I have enclosed a check for \$150.<sup>00</sup> for the 1999 report.

Thank-you for YOUR COOPERATION.

SINCERELY

Vindra Maharaj Roy

VINDRA MAHARAJ-ROY