

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

DOCUMENT # L82451

1. Entity Name

RICHANI, INC.



03 OCT -3 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
13195 SOUTH DIXIE HIGHWAY

3. Mailing Address
13195 SOUTH DIXIE HIGHWAY

REINSTATEMENT 03
DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI

City & State
MIAMI

4. FEI Number 65-0203256

Applied For

Not Applicable

Zip Country
FL 33156

Zip Country
FL 33156

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name AIDA RICHANI

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

13105 SW 112 COURT

City MIAMI

FL

Zip Code
33156

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Aida Richani PRESIDENT

10/2/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME
P AIDA RICHANI
STREET ADDRESS
13105 SW 112 COURT, MIAMI, FL 33156
CITY - ST - ZIP

TITLE NAME
400023546744
STREET ADDRESS
10/03/03--01069--011 **150.00
CITY - ST - ZIP

TITLE NAME
D HIND RICHANI
STREET ADDRESS
13105 SW 112 COURT, MIAMI, FL 33156
CITY - ST - ZIP

TITLE NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME
D OMAR RICHANI
STREET ADDRESS
13105 SW 112 COURT, MIAMI, FL 33156
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IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Aida Richani AIDA RICHANI

10/02/03

(305) 251-8290

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)

21 10/3

Richani, Inc.
13195 S. Dixie Highway
Miami, FL 33156

October 2, 2003

Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Dear Sir or Madam,

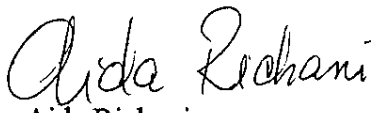
It was brought to our attention by the County, that our corporation has been administratively dissolved.

We have been filing this form since 1990 without fail, but we have always paid the fee with the original form. To this date, we have not received a form requesting the payment, or advising us of the dissolution.

Because of the nature of our business as a gas and service station, we have a high volume of licenses, and did not acknowledge the missing UBR form until the county advised us that our Occupational License could not be renewed.

We would appreciate your help in this matter.

Thank you,


Aida Richani
President