

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State
 04-11-2001 90125 001 ***150.00

0423163

DOCUMENT # P00000004558

1. Entity Name
MURAJ ENTERPRISES, INC.

Principal Place of Business Mailing Address
~~11036 LAKEVIEW DRIVE~~ ~~11036 LAKEVIEW DRIVE~~
~~NEW PORT RICHEY FL 34654~~ ~~NEW PORT RICHEY FL 34654~~

2. Principal Place of Business 3. Mailing Address
4307 US HWY 19 **4307 US HWY 19**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
New Port Richey **New Port Richey**
 Zip Country Zip Country
FL 34652 **FL 34652**

4. FEI Number Applied For
59-3618239 Not Applicable
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
GRUBE, ANDRE
~~11036 LAKEVIEW DRIVE~~
~~NEW PORT RICHEY FL 34654~~

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
4307 US HWY 19
 City **New Port Richey** **FL** Zip Code **34654**

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 Andre J. Grube DATE 4-6-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**
 (See criteria on back) **After MAY 1, 2001 Fee will be \$550.00**
Make Check Payable to Department of State
 10. Election Campaign Financing ☐ \$5.00 May Be Added to Fees
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS GRUBE, ANDRE 11036 LAKEVIEW DRIVE NEW PORT RICHEY FL 34654 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 4307 US HWY 19 NEW PORT RICHEY, FL 34654
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.

SIGNATURE: Andre J. Grube DATE 4-6-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/00)