FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91783 047 ***150.00

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2003

1. Entity Name

Ravinder S. Randhawa, P.A.

DO NOT WRITE IN THIS SPACE

11041526

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5130 Linton Blvd	5130 ~~CARROLL~~ LINTON BLVD
Suite ~~G-9~~ H-2	Suite H-2
Delray Beach FL	~~DELRAY~~ BCH FL
Zip 33484 Country	Zip 33484 Country ~~RACE~~

4. FEI Number 65-0980625 ☐ Applied For ☐ Not Applicable

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: Sautter, C Christian

Street Address (P.O. Box Number is Not Acceptable): 2900 E. Oakland Park Blvd Ste 200

City: Ft Lauderdale **FL** Zip Code: 33306

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 _____
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	P, D	TITLE	
NAME	Randhawa, Ravinder S.	NAME	
STREET ADDRESS	5130 Linton Blvd Ste G-9	STREET ADDRESS	
CITY - ST - ZIP	Delray Beach, FL 33483	CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
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CR2E034B (12/02)

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: X _____ Ravinder S. Randhawa 4/28/03 561-638-8502
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

STF FL32381F.1