

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State
 05-08-2002 90066 006 ***158.75

DOCUMENT # P00000007683

1. Entity Name
MAHARAJ AND CHOUDHARY ENTERPRISES INC.

Principal Place of Business
1914 CATTLEYA DRIVE
KISSIMMEE FL 34741

Mailing Address
1914 CATTLEYA DRIVE
KISSIMMEE FL 34741



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1914 Cattleya Drive
 Suite, Apt. #, etc.

3. Mailing Address
1914 Cattleya Drive
 Suite, Apt. #, etc.

City & State
Kissimmee, FL
 Zip
34741

City & State
Kissimmee, FL
 Zip
34741
Orange

4. FEI Number
65-1808027

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

MAHARAJ, SANDRA C
1914 CATTLEYA DRIVE
KISSIMMEE FL 34741

7. Name and Address of New Registered Agent

Name
Maharaj, Sandra
 Street Address (P.O. Box Number is Not Acceptable)
1300 Pleasantridge Place
 City
Orlando **FL** Zip Code
32835

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO MAHARAJ, SANDRA 7809 BARBERRY DRIVE ORLANDO FL 32835	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHOUDHARY, NAEEM 1914 CATTLE DRIVE KISSIMMEE FL 34741	<input checked="" 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	CEO Sandra Maharaj 1300 Pleasantridge Pl. Orlando, FL 32835	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President John M. Cooper 1300 Pleasantridge pl, ORL FL 32835	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/02 **407 301-3894**
 Date Daytime Phone #

CR2E034 (9/01)