

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000020016

1. Entity Name

SAI A.R.J.MEDICAL TRANSCRIPTON INC

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90095 024 ***150.00

0414696 AV

Principal Place of Business

18730 WIMBLEDON CIR
LUTZ FL 33549

33558

Mailing Address

18730 WIMBLEDON CIR
LUTZ FL 33549

33558

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

18730 WIMBLEDON CIRCLE

Suite, Apt. #, etc.

SAME AS ABOVE

City & State

LUTZ FLORIDA

City & State

LUTZ FLORIDA

Zip

33558

Country

USA

Zip

Country

4. FEI Number

59-3632142

Applied For

☒ Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

RAVAL
RAVAL, RAGINI
 18730 WIMBLEDON CIR
 LUTZ FL 33549 33558

7. Name and Address of New Registered Agent

Name

N/A

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

City

FL

Zip Code

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

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

(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 **P** ☐ Delete
 NAME **RAVAL, RAGINI**
 STREET ADDRESS **18730 WIMBLEDON CIRCLE**
 CITY-ST-ZIP **LUTZ FL 33549 33558**

TITLE **S** ☐ Delete
 NAME **RAVAL, JAYANT D**
 STREET ADDRESS **18730 WIMBLEDON CIRCLE**
 CITY-ST-ZIP **LUTZ FL 33549 33558**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

RAVAL, RAGINI
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/26/2002

Date

813-948-3050

Daytime Phone #

CR2E034 (9/01)