

2002 **FOR PROFIT CORPORATION**
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90324 024 ***150.00

DOCUMENT #

1. Entity Name

PRIYAH LIMITED, INC

P000000331

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

16589 S. APOKA

3. Mailing Address

Suite, Apt. #, etc.

VINELAND RD

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

ORLANDO

FL

City & State

4. FEI Number

59-3635995

Applied For

Not Applicable

Zip

32821

Country

USA

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

RAJESH F. HARSANI

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

15589 S. APOKA VINELAND RD

City

ORLANDO

FL

Zip Code

32821

**DO NOT WRITE
IN THIS SPACE**

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)

☐

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

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
PISD
RAJESH F. HARSANI
15589 S. APOKA VINELAND RD
ORLANDO FL 32821

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
VP
RAJESH HARSANI
15589 S. APOKA VINELAND RD
ORLANDO FL 32821

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
VP
DURU HARSANI
15589 S. APOKA VINELAND RD
ORLANDO FL 32821

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/02

Date

Daytime Phone #

CR2E034B (12/01)