FILED

## 2002 Uniform Business Report (UBR)

## Mar 27, 2002 8:00 am P00000048779 **DOCUMENT # Secretary of State** 1. Entity Name 03-27-2002 90075 012 \*\*\*150.00 RAJUL, INC. Principal Place of Business Mailing Address 1600 N.E. 135 STREET #804 1600 N.E. 135 STREET #804 N. MIAMI FL 33181 N. MIAMI FL 33181 3. Mailing Address N.E. 125 ST. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-1008403 IAMI Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name UDDIN, MOHAMMED J Street Address (P.O. Box Number is Not Acceptable) 12874 BISCAYNE BLVD. N. MIAMI FL 33181 City 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Delete CR2E034 (9/01) TITLE TITLE ☐ Change ☐ Addition UDDIN, MOHAMMED J NAME NAME 12874 BISCAYNE BLVD. #804 STREET ADDRESS STREET ADDRESS N. MIAMI FL 33181 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Defete TITLE UDDIN, CHOROAR NAME NAME STREET ADDRESS 1650 N.E. 135 STREET, #501 STREET ADDRESS N. MIAMI FL 33181 CITY-ST-7IP CITY-ST-ZIP ☐ Detete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Addition □ Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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), Fiorida 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 it 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.

MANA REQUIRED

SIGNATURE: