2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000062075

1. Entity Name

AROOJ BUTT CORPORATION



FILED Apr 14, 2003 8:00 am Secretary of State 04-14-2003 90409 044 ***150.00

Principal Plac	ce of Busines:	s	Mailin	Mailing Address								
6 WHISTLING DUCK CT.			6 WHI	6 WHISTLING DUCK CT.								
DAYTONA BEACH FL 32119			DAYTO	DAYTONA BEACH FL 32119								
Principal Place of Business 3. Mailing Address							\dashv					
·			1	- SAME ABOVE -								
- SAUG ACOVE Suite, Apt. #, etc.				Suite, Apt. #, etc.			7		MAKING (CHANGES		
							☐ CHECK HERE IF MAKING CHANGES					
City & State			City	City & State			4. F	50-274CC74			oplied For ot Applicable	
Zip	ip Country				Country	y 5. Certificate of Status De		Dertificate of Status Desired	S8.75 Additional			
							Fee Required					
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent Name						
DUTT DAUGE A O						reario						
BUTT, RAHEELA P				Street Addres			s (P.O. Box Number is Not Acceptable)					
6 WHISTLING DUCK CT.												
DAYTONA BEACH FL 32119												
					City	,			FL	Zip Code	е	
9. The above	named ontit	v cubmite this etatomos	ot for the pure	noco of changing its r	registered offic	ce or registe	arad and	ent, or both, in the State of Flori		miliar with	and accept	
	tions of regist		it ior the purp	oose or changing its i	egistered on		sieu age	sint, or both, in the diate of Flori	oa. Tamia	Times with	and doodpt	
SIGNATURE	Signatura typed	or printed name of registered ag	ant and title if an	dicable (NOTE:	Registered Agent	signature require	ed when rei	instating)	DATE			
				1							-	
-		! FEE IS \$150.00	10					9. Election Campaign Fina		\$5.0	0 May Be	
		3 Fee will be \$550.0 Florida Departmen					;	Trust Fund Contribution.		Added	to Fees	
Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS								DITIONS/CHANGES TO OFFIC	SEDO ANIO E	NOCCTOR	CINIA	
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: