2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 11, 2001 8:00 am Secretary of State DOCUMENT # P0000078052 1. Entity Name RAY & RAJ, INC. 4-11-2001 90105 019 ***150.00 Principal Place of Business Mailing Address 1411 SOUTH FEDERAL HIGHWAY 1411 SOUTH FEDERAL HIGHWAY HOLLYWOOD FL 33020 HOLLYWOOD FL 33020 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEi Number Applied For 65-1038639 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PATEL, RAMESH C Street Address (P.O. Box Number is Not Acceptable) 1411 SOUTH FEDERAL HIGHWAY HOLLYWOOD FL 33020 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible **\$5.00** May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete TITLE Change ☐ Addition TITLE PATEL, RAMESH C NAME NAME 1411 SOUTH FEDERAL HIGHWAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33020 ☐ Addition ☐ Change Delete TITLE TITLE PATEL, RAJENDRA B NAME NAME 1411 SOUTH FEDERAL HIGHWAY STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP HOLLYWOOD FL 33020-☐ Change ☐ Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME 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), 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 eath; that I am an efficer 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 empawered.