## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## Mar 27, 2002 8:00 am Secretary of State P00000078052 DOCUMENT # 1. Entity Name 03-27-2002 90070 020 \*\*\*150 00 RAY & RAJ, INC. 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 Zip 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 PATEL, RAMESH C Street Address (P.O. Box Number is Not Acceptable) 1411 SOUTH FEDERAL HIGHWAY HOLLYWOOD FL 33020 City Zip Code 8. The above named entity submits this statement for the purgose of changing its registered office or registered agent, or both, in the State of Florida typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (9/01) TITLE D ☐ Delete TITLE ☐ Change ☐ Addition NAME PATEL. RAMESH C NAME STREET ADDRESS 1411 SOUTH FEDERAL HIGHWAY STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33020 CITY-ST-ZIP TITLE ☐ Detete TITLE Change ☐ Addition NAME NAME PATEL, RAJENDRA B STREET ADDRESS STREET ADDRESS 1411 SOUTH FEDERAL HIGHWAY CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33020 TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 a patachment with an address, with all other like empowered.

**FILED** 

Daytime Phone #