2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P01000024669 DOCUMENT

1. Entity Name GRJ, INC.



FILED Feb 04, 2003 8:00 am Secretary of State 02-04-2003 90073 047 ***150.00

| Principal Place of Business 4661 NORTHWEST 66TH DRIVE CORAL SPRINGS FL 33067 | | Mailing Address 4661 NORTHWEST 66TH DRIVE CORAL SPRINGS FL 33067 | | | 90017203 | | | |
|--|--|--|--|---------------------|--|--------------------------------|-------------------------------|-------------|
| 2. Principal Place of Business 4 bbl Nw 66TH bR Suite, Apt. #, etc. | | 3. Mailing Address SAME AS ABOULE Suite, Apt. #, etc. | | | | | | |
| City & State | SPRING FL | City & State | | 4. | FEI Number 65-1083871 | <u> </u> | Applied For Not Applicable | } |
| Zip Country 33067 BROWARD | | Zip | Country | 5. | Certificate of Status Desired | \$8.75 Additional Fee Required | | |
| | 6. Name and Address of Current F | legistered Agent | | | Name and Address of New Registe | red Agent | | 1 |
| | | The same and the s | - Name | | NIA | | | |
| 12839 NW | JOSE CPA 18TH COURT | | Street Address (P | | Box Number is Not Acceptable) | | | |
| PEMBHUK | E PINES FL 33028 | | City | | | FL Zip Co | ode | |
| the obligat | named entity submits this statement for ions of registered agent. | the purpose of changing its | | registered ag | ent, or both, in the State of Florida. | I am familiar with | n, and accept | |
| SIGŅATURE. | Signature, typed or printed name of registered agent ar | nd title if applicable. (NOTE | : Registered Agent signatu | re required when re | einstating) D | DATE | | |
| 🧐 After | ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of | State | | | Election Campaign Financing Trust Fund Contribution. | | .00 May Be ed to Fees | |
| 10. | OFFICERS AND D | DIRECTORS | 11. | ΑC | DITIONS/CHANGES TO OFFICERS | AND DIRECTO | RS IN 11 | ۔ ا |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD NAIR, GOPINATHAN G 4661 NORTHWEST 66TH DRIVE CORAL SPRINGS FL 33067 | ', Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | N/A | ☐ Change | Addition | E034 (10/02 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD NAIR, JAYANANDAN K 4661 NORTHWEST 66TH DRIVE CORAL SPRINGS FL 33067 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | N/A | ☐ Change | Addition | CR2 |
| TITLE————— NAME STREET ADDRESS CITY-ST-ZIP | TD KURUP, RADHAKRISHNA 4661 NORTHWEST 66TH DRIVE CORAL SPRINGS FL 33067 | . Delete | NAME STREET ADDRESS CITY-ST-ZIP | | N/A | ☐ Change | Addition | |
| TITLE NAME Street Address City-St-Zip | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | N/A | ☐ Change | ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ~/A | ☐ Change | ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | NIA | ☐ Change | ☐ Addition | |
| indicated of the cor | ertify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empor or on an attachment with an address. w | true and accurate and that m wered to execute this report a | ny signature shall ha | ave the same | legal effect as if made under oath; the | nat I am an office | er or director | |

SIGNATURE:

2/1/03(954)3417286
Dayline Phone #