

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000077735

1. Entity Name
RAJHANS, INC.

Principal Place of Business
6616 S. MACDILL AVE.
TAMPA FL 33611

Mailing Address
6616 S. MACDILL AVE.
TAMPA FL 33611

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3736652

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PAVASIA, RAJENDRA B
14462 REUTER STRASSE CIR., #607
TAMPA FL 33613

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
PAVASIA RAJENDRA B
14462, REUTER STRASSE CIR APT 607
TAMPA, FL 33613

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
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☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/10/02

Date

813-902-1742

Daytime Phone #

17

FILED
Mar 10, 2002 8:00 am
Secretary of State

01-25-2002 90019 043 ***158.75

10007



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)

Attachment
Doc # 101000077135 / 16667

Dr. 02/19/02

DEAR SIRs

ACCORDING TO YOUR LETTER DT. JAN 29, 2002
I MADE A CORRECTION AND WRITE DOWN MY FEI
NO IN BACK 4.

THANK YOU FOR YOUR KIND ATTENTION

Thanking you

YOURS

R.B. PAVASIA

R. Pavasia