Jun 03 03 11:26a Jonathan Shatz 95‹

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Jun 09, 2003 8:00 am
Secretary of State
05-01-2003 90396 047 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000079605

1. Entity Name: MARAJ + SONS, INC

DO NOT WRITE IN THIS SPACE

44003678

2. Principal Place of Business: 800 NW 8TH AVE
Suite, Apt. #, etc.: BAY #2
City & State: FT LAUDERDALE FL
Zip: 33311 Country: USA

3. Mailing Address: 800 NW 8TH AVE
Suite, Apt. #, etc.: BAY #2
City & State: FT LAUDERDALE FL
Zip: 33311 Country: USA

4. FEI Number: 65-1133368 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: TAIJPAUL MARAJ
Street Address (P.O. Box Number is Not Acceptable): 800 NW 8TH AVE BAY #2
City: FT LAUDERDALE FL Zip Code: 33311

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: X [signature], TAIJPAUL MARAJ, PTS 6/1/03

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	PTS	TITLE	
NAME	TAIJPAUL MARAJ	NAME	
STREET ADDRESS	800 NW 8TH AVE BAY #2	STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33311	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: X [signature] 6/1/03 954-522-5979
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #