

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90042 020 ***150.00

0003068 AT

DOCUMENT # P02000000644

1. Entity Name
VRAJESH ENTERPRISE INC.

Principal Place of Business
1314 EAST UNIVERSITY AVENUE
GAINESVILLE FL 32641

Mailing Address
1314 EAST UNIVERSITY AVENUE
GAINESVILLE FL 32641



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

FIN-30-0025278

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PATEL, HEMANG
1314 EAST UNIVERSITY AVENUE
GAINESVILLE FL 32641

DEP
FC
A

Name
Jitendra Patel

Street Address (P.O. Box Number is Not Acceptable)
999 SW 16 Ave, # F109

City **Gainesville, FL** **FL** **Zip Code** **32641**

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

Jitendra Patel

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/26/02

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ **Delete**
NAME **PATEL, HEMANG**
STREET ADDRESS **1314 EAST UNIVERSITY AVENUE**
CITY-ST-ZIP **GAINESVILLE FL 32641**

TITLE **President, Director** ☐ **Change** ☒ **Addition**
NAME **PATEL, Jitendra**
STREET ADDRESS **999 SW 16 Ave, # F109**
CITY-ST-ZIP **Gainesville, FL 32641**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
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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 an attachment with an address, with all other like empowered.

SIGNATURE: X *Jitendra Patel*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/26/02

352-271-6708

CR2E034 (9/01)