

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 06, 2003 8:00 am**  
**Secretary of State**

02-06-2003 90144 001 \*\*\*\*\*8.75  
02-06-2003 90144 002 \*\*\*150.00

DOCUMENT # P-02000000644

1. Entity Name

VRAJESH ENTERPRISES INC.



**DO NOT WRITE IN THIS SPACE**

**55005047**

2. Principal Place of Business  
2632 NW 43rd St

3. Mailing Address  
3230 S. WARCHER Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STG - B-91

APT. K-255

City & State

City & State

GAINESVILLE FL.

GAINESVILLE FL

Zip

Country

Zip

Country

32606

32608

4. FEI Number

30-0025278

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

JITENDRA PATEL

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

3230 S. WARCHER Rd.

APT. K-255 Regency OAKS APT.

City

GAINESVILLE

FL

Zip Code

32608

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Jitendra Patel* PATIL JITENDRA P.D.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/31/03

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PD  
PATEL JITENDRA  
3230 S.W. ARCHER Rd  
APT. K-255 GAINESVILLE FL 32608

TITLE  
NAME  
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CITY - ST - ZIP

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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Jitendra Patel* (PATIL JITENDRA) P.D.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/03

Date

352-367-8494

Daytime Phone #

CR2E034B (12/02)