

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 10, 2003 8:00 am
Secretary of State

09-10-2003 90054 050 ***150.00

DOCUMENT # **P02000015862**

1. Entity Name
ZARINA RAJA, P.A.



Principal Place of Business
**10315 NW 133RD STREET
HIALEAH GARDENS FL 33018**

Mailing Address
**10315 NW 133RD STREET
HIALEAH GARDENS FL 33018**



2. Principal Place of Business
10315 NW 133rd St

3. Mailing Address
10315 NW 133rd St

Suite, Apt. #, etc.
3

Suite, Apt. #, etc.
St

CHECK HERE IF MAKING CHANGES

City & State
Hialeah Gardens

City & State
Hialeah Gardens FL

4. FEI Number
42-1529664

Applied For
 Not Applicable

Zip
33018

Country
USA

Zip
33018

Country
USA

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

**RAJA, ZARINA
10315 NW 133RD STREET
HIALEAH GARDENS FL 33018**

Name
same

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

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	RAJA, ZARINA	10315 NW 133RD STREET	HIALEAH GARDENS FL 33018	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Zarina Raja **Zarina Raja** 9/8/03 (305) 610-3303
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)

9/8/03

DOCMT # PD2000015862 Attachment
ZARINA RAJA, P.A. 80146851

TO Whom it May Concern,

I, Zarina Raja, did not receive the first form for 2003. I spoke with MS. EULA in the Reinstatement Department regarding this problem. Please waive the late fee.

I am enclosing a check for \$150.00.

Thank you,

Zarina Raja

Zarina Raja, Esq.