


**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 *(L)*

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
Suite, Apt. #, etc. 3

3. Mailing Address
10315 NW 133rd St
Suite, Apt. #, etc. St

City & State
Hialeah Gardens
Hialeah Gardens FL

Zip 33018 **Country** USA

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
RAJA, ZARINA
10315 NW 133RD STREET
HIALEAH GARDENS FL 33018

4. FEI Number 42-1529664
Applied For: Not Applicable

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

7. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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.