

2004 **FOR PROFIT CORPORATION**
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90317 024 ***150.00

DOCUMENT # P03000127157

1. Entity Name

AARYAN CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4255 SOUTH ST

3. Mailing Address
4255 SOUTH ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MARIANNA, FL

City & State
MARIANNA, FL

4. FEI Number
20-0395116

Applied For
Not Applicable

Zip
32448

Country

Zip
32448

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
PATEL, RAJENDRA B

Street Address (P.O. Box Number is Not Acceptable)
4255 SOUTH ST

City
MARIANNA, FL Zip Code
32448

**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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PS
PATEL, RAJENDRA B
4255 SOUTH ST
MARIANNA, FL 32448

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVP
PATEL, ASHOK
4255 SOUTH ST
MARIANNA, FL 32448

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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:

Ashok Patel
ASHOK PATEL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-04

Date

850 482 6804

Daytime Phone #

CR2E034B (12/01)