

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

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90377 009 ***150.00

DOCUMENT # P03000135479	
1. Entity Name	
RUCHA OF AUBURNDALE, INC	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 123 Magnolia Ave. Suite, Apt. #, etc.		3. Mailing Address 123 Magnolia Ave Suite, Apt. #, etc.	
City & State Auburndale, FL		City & State Auburndale FL	
Zip 33823	Country	Zip 33823	Country

40061218

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0405715		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name SONI, JAYSHREE J	
Street Address (P.O. Box Number is Not Acceptable) 123 Magnolia Ave	
City Auburndale FL	Zip Code 33823

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:

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

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SONI, JAYSHREE J 123 Magnolia Ave Auburndale FL 33823
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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:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/5/06