

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000014686

1. Entity Name

RANJI ENTERPRISES, INC.

FILED

May 12, 2000 8:00 am
Secretary of State

05-12-2000 90059 009 ***150.00

Principal Place of Business

4161 W COMMERCIAL BLVD
TAMARAC FL 33319

Mailing Address

4161 W COMMERCIAL BLVD
TAMARAC FL 33319-3303

2. Principal Place of Business

8237 NW 88 AVE
Suite, Apt. #, etc.

3. Mailing Address

8237 NW 88th AVE
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
TAMARAC FL

Zip
3334 FL

Country

City & State
TAMARAC FL

Zip
33321

Country

4. FEI Number 65-0380434

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PATEL, RANJ
4161 W COMMERCIAL BLVD
TAMARAC FL 33319

7. Name and Address of New Registered Agent

Name
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.

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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 D
NAME PATEL, RANJITSHINH
STREET ADDRESS 4161 W COMMERCIAL BLVD
CITY-ST-ZIP TAMARAC FL 33319 ☐ Delete

TITLE P
NAME PATEL, MAURKUMAARP
STREET ADDRESS 4161 W. COMMERCIAL BLVD
CITY-ST-ZIP TAMARAC FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RANJI PATEL

4/25/2000 (84) 726 1185

Date Daytime Phone #

CR2E034 (9/99)