

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90052 005 ***150.00

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1. Entity Name
SHRIJI CORPORATION



Principal Place of Business
**17107 BEELINE HWY.
W. PALM BCH. FL 33478**

Mailing Address
**304 N. DELAWARE ST
JUPITER FL 33458**

30013340



2. Principal Place of Business

3. Mailing Address- **201 pinecrest
circle #c, Jupiter**

Suite, Apt. #, etc.

Suite, Apt. #, etc. **# C**

☒ CHECK HERE IF MAKING CHANGES

City & State

City & State **Jupiter**

4. FEI Number **65-0410779**

Applied For
Not Applicable

Zip

Country

Zip **FL 33458** Country

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

**SUTARIA, MAYA
304 N. DELAWARE ST
JUPITER FL 33458**

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

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing ☐ **\$5.00 May Be
Trust Fund Contribution. Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
D	SUTARIA, NITIN C	304 N. DELAWARE ST	JUPITER FL 33458				
D	SUTARIA, MAYA N	304 N. DELAWARE ST	JUPITER FL 33458				

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: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1-30-03** Daytime Phone # **(561) 694-9244**

CR2E034 (10/02)