

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PH 2:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000036931 (2)

1. Corporation Name

RUPA ENTERPRISES, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/24/1993
3a. Date of Last Report 08/05/1994

4. FEI Number 59-3183832
Applied For Not Applicable

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

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

7. Does corporation have liability for enterprise type under § 1103.002, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address

21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.

22. City & State 27. City & State

23. Zip 28. Zip

24. 25. 29. 30.

9. Name and Address of Current Registered Agent

PATEL, NATWARLAL
801 HINSON AVENUE
HAINE CITY FL 33844

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City FL 85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent or both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0509, Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Registered Agent's Representative)

(Signature of Person Submitting this Statement)

(Date)

12. OFFICERS AND DIRECTORS

1. NAME	PD PATEL, NATWARLAL
2. STREET ADDRESS	801 HINSON AVENUE
3. CITY, STATE, ZIP	HAINE CITY FL 33844
4. NAME	VS PATEL, KAMUBEN
5. STREET ADDRESS	801 HINSON AVENUE
6. CITY, STATE, ZIP	HAINE CITY FL 33844
7. NAME	
8. STREET ADDRESS	
9. CITY, STATE, ZIP	
10. NAME	
11. STREET ADDRESS	
12. CITY, STATE, ZIP	
13. NAME	
14. STREET ADDRESS	
15. CITY, STATE, ZIP	
16. NAME	
17. STREET ADDRESS	
18. CITY, STATE, ZIP	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

1. NAME	☐ Change ☐ Addition
2. STREET ADDRESS	
3. CITY, STATE, ZIP	
4. NAME	☐ Change ☐ Addition
5. STREET ADDRESS	
6. CITY, STATE, ZIP	
7. NAME	☐ Change ☐ Addition
8. STREET ADDRESS	
9. CITY, STATE, ZIP	
10. NAME	☐ Change ☐ Addition
11. STREET ADDRESS	
12. CITY, STATE, ZIP	
13. NAME	☐ Change ☐ Addition
14. STREET ADDRESS	
15. CITY, STATE, ZIP	
16. NAME	☐ Change ☐ Addition
17. STREET ADDRESS	
18. CITY, STATE, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(2)(b), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as of another individual. That this annual report or supplemental annual report of this corporation or for the name of trustee or partnership to execute this report is required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on any other information submitted with this filing.

SIGNATURE:

[Signature]

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4 35 95 813 4-22 1293

Date

Exempted From Fee