FILED

Apr 30, 2002 8:00 am Secretary of State

04-30-2002 90182 019 ***150 00

2002 UNIFORM BUSINESS REPORT (UBR)

P94000070490

DOCUMENT # 1. Entity Name

RAJ MATHUR CONSTRUCTION & ENGINEERING, INC.

Principal Place of Business 216-53RD AVE W **BRADENTON FL 34207-3412**

US

Mailing Address

216-53RD AVE W

BRADENTON FL 34207-3412

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	<u>.</u> :
City & State	City & State	<u>. </u>



DO NOT WRITE IN THIS SPACE

Name and Address of Current Registered Agent			Name	7. Name and Address of New Registered Agent Name		
Zip	Country	Zip	Country	5. Certificate of Status Desired		\$8.75 Additional Fee Required
City & State		City & State		4. FEI Number 65-0520573		Applied For Not Applicable
						A Card Can

City

(NOTE: Registered Agent signature required when reinstating)

FELDMAN, MARC H 3908 26TH ST W & **BRADENTON FL 34205**

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

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, typed or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Zip Code

(See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change Addition TITLE ☐ Delete TITI F MATHUR, RAJENDRA K NAME NAME STREET ADDRESS 4556 31ST CT E STREET ADDRESS **BRADENTON FL 34203** CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP . Change _ Addition. TITLE-- Delete TITLE - ---NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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

SIGNATURE:

D OR PRINTED