

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000046842

1. Entity Name

HUSSAIN RAWJI, M.D., P.A.

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90021 031 ***150.00

Principal Place of Business

Mailing Address

1330 S WOODLAND BLVD
 DELAND FL 32720
 US

~~2888 S. OSCEOLA AVENUE~~
 ORLANDO FL 32806-3037

2116 S. Orange Ave

A0054693



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2116 S Orange Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
 Orlando, FL

4. FEI Number 59-3325384

Applied For
 Not Applicable

Zip

Country

Zip

Country

32806

US

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

RAWJI, HUSSAIN

~~2888 S OSCEOLA AVE~~ 2116 S. Orange Ave
 ORLANDO FL 32806

Name

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

2116 S Orange Ave

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAWJI, HUSSAIN 2888 S OSCEOLA AVENUE 2116 S. Orange Ave ORLANDO FL 32806	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	2116 S Orange Ave	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

4/24/00 (407) 426-9933

CR2E034 (9/99)