2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

P95000088215 **DOCUMENT #**

1. Entity Name

RAVI INCORPORATED OF VALRICO



FILED Mar 19, 2003 8:00 am Secretary of State

03-19-2003 90092 014 ***150.00

			NE TE			
Principal Place of Business 3312 LITHIA PINECREST RD VALRICO FL 33594 US		Mailing Address 3312 LITIHA PINE CREST R VALRICO FL 33594 US	D			
2. Principal Place of Business		3. Mailing Address		T THE PARTY AND THE PARTY BOTTON BOTTON BOTTON BRAIN B	11 1011# 14001 11001 BHI 1881	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 59-3346071	Applied For Not Applicable	
Zip	Country	Zip	Country		8.75 Additional	
_	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Ag	jent	
			Name	•		
PATEL, PRATIV 3312 LITHIA PINECREST RD.			Street Address	Street Address (P.O. Box Number is Not Acceptable)		
VALRICO FL 33594						
			City	FL	Zip Code	
9 The shows	named antity submits this statement for	or the number of changing its re	egistered office or registe	ered agent, or both, in the State of Florida. I am far	miliar with, and accept	
	tions of registered agent.	in the purpose of changing to h	ogiotalida emico et regiota	3.00 agon, a. 200, a. 200 a		
SIGNATURE						
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signature require	ed when reinstating) DATE		
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 Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND D	DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BAKARANIA, REHKA L 3312 LITHIA PINECREST ROAD VALRICO FL 33594	Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PATEL, PRATIV 3312 LITHIA PINECREST ROAD VALRICO FL 33594	☐ Delate	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PATEL, JOCELYN K 3312 LITHIA PINECREST ROAD VALRICO FL 33594	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE		Delete	TITLE	- (☐ Change ☐ Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exer point 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.

NAME

STREET ADDRESS

CITY-ST-, 🕸

SIGNATURE

NAME

STREET ADDRESS

CITY-ST-ZIP

Daytime Phone #