

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P 96000066819

1. Entity Name

VRAJ, INC.

**FILED**  
**May 04, 2001 8:00 am**  
**Secretary of State**

05-04-2001 90121 030 \*\*\*150.00

00046904

DO NOT WRITE IN THIS SPACE

Principal Place of Business

7741 SUNDIAL LN  
ORLANDO FL 32809

Mailing Address

7741 SUNDIAL LN  
ORLANDO FL 32809

2. Principal Place of Business

9127 KILGORE RD

3. Mailing Address

Suite, Apt. #, etc.

City & State

ORLANDO FL

City & State

4. FEI Number

59 339 5301

Applied For

Not Applicable

Zip

32836

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HARISH SHAH  
7741 SUNDIAL LN  
ORLANDO FL 32819

7. Name and Address of New Registered Agent

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.

SIGNATURE

*[Signature]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/23/01

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

\$5.00 May Be

Trust Fund Contribution ☐ Added to Fees ☐

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	OWNER	<input type="checkbox"/> Delete
NAME	SHAH HARISH	
STREET ADDRESS	7741 SUNDIAL LN	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SHAH VARSHA	
STREET ADDRESS	7741 SUNDIAL LN	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 #

4/23/01

407-352-2211

CR2E034 (9/99)