

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90078 007 ***150.00

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DOCUMENT # P96000101029

1. Entity Name
RJ CORPORATION

Principal Place of Business
**201 S. PARROTT AVENUE
OKEECHOBEE FL 34974**

Mailing Address
**201 S. PARROTT AVENUE
OKEECHOBEE FL 34974**

B0061444



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2165 US HIGHWAY 27 SOUTH
Suite, Apt. #, etc.

3. Mailing Address
2165 US HIGHWAY 27 SOUTH
Suite, Apt. #, etc.

City & State
LAKE PLACID, FL

City & State
LAKE PLACID, FL

4. FEI Number
65-0797966

Applied For
☐ Not Applicable

Zip
33852-7915

Country
USA

Zip
33852-7915

Country
USA

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

6. Name and Address of Current Registered Agent

PATEL, JITENDRA D
201 S. PARROTT AVENUE
OKEECHOBEE FL 34974

7. Name and Address of New Registered Agent

Name
RAMUBHAI N. PATEL
Street Address (P.O. Box Number is Not Acceptable)
2165 US HWY 27 SOUTH
City
LAKE PLACID FL Zip Code
33852-7915

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 *Ram Patel* DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PATEL, JITENDRA D 201 S. PARROTT AVENUE OKEECHOBEE FL 34974	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PATEL, RAMUBHAI N 2165 US HWY 27 SOUTH OKEECHOBEE FL 33852	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PATEL, RAMUBHAI N. 2165 US HWY 27 SOUTH LAKE PLACID, FL 33852-7915	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Ram Patel* **Ram Patel 3-29-02 863 465-3133**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)