

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90011 007 ***150.00

0368964 AV

DOCUMENT # P97000005735

1. Entity Name

RAJI REALTY CORP.

Principal Place of Business

**10852 BOCA WOODS LANE
BOCA RATON FL 33428-2848**

Mailing Address

**10852 BOCA WOODS LANE
BOCA RATON FL 33428-2848**

2. Principal Place of Business

8074 CASSIA DRIVE

Suite, Apt. #, etc.

3. Mailing Address

8074 CASSIA DRIVE

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
BOYNTON BEACH, FL

City & State
BOYNTON BEACH, FL

4. FEI Number **21-2222369**

Applied For
Not Applicable

Zip
33437

Country
U S A

Zip
33437

Country
USA

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

6. Name and Address of Current Registered Agent

**MAZIROFF, JEROME
10851 BOCA WOODS LANE
BOCA RATON FL 33428**

7. Name and Address of New Registered Agent

Name
IRA MAZIROFF
Street Address (P.O. Box Number is Not Acceptable)
8074 CASSIA DRIVE
City
BOYNTON BEACH **FL** Zip Code
33437

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 *IRA MAZIROFF*
Signature, typed or printed name of registered agent, and title if applicable.

IRA MAZIROFF

3/1/02

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, 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	PD MAZIROFF, JEROME 10851 BOCA WOODS LANE BOCA RATON FL 33428	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MAZIROFF, IRA 7700 DORCHESTER RD BOYNTON BEACH FL 33437	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAZIROFF, GERTRUDE 10851 BOCA WOODS LANE BOCA RATON FL 33428	<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		<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
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: *IRA MAZIROFF*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/02

Date

561-736-8049

Daytime Phone #

CR2E034 (9/01)