


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 22, 2003 8:00 am**  
**Secretary of State**

01-22-2003 90043 029 \*\*\*158.75

**DOCUMENT # P97000023620**

1. Entity Name  
**AMRAPALI, INC.**



Principal Place of Business  
**1214 ORTIZ AVE**  
**FL MYERS FL 33905**  
*20301 Grande Oak Blvd (UNIT # 106)*  
**ESTERO FL 33928**

Mailing Address  
**1214 ORTIZ AVE**  
**FT MYERS FL 33905**



2. Principal Place of Business  
**20301 GRANDE OAK BLVD**  
Suite, Apt. #, etc. **(SUITE # 106)**

3. Mailing Address  
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**ESTERO FL**

City & State

Zip  
**33928** Country  
**USA**

Zip Country

4. FEI Number **65-0755679** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**RATHOD, MOHAN R**  
**1214 ORTIZ AVE.**  
**FT. MYERS FL 33905**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>RATHAD, MOHAN R</b> <b>1214 ORTIZ AVE</b> <b>FT MYERS FL 33905</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE - President</b> <b>SUNARITA MOHAN RATHOD</b> <b>1214 ORTIZ AVE.</b> <b>FORT MYERS FL 33905</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED *[Signature]* DATE *1/16/03* DAYTIME PHONE # \_\_\_\_\_

CR2E034 (10/02)