

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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FILED

03 OCT 22 PM 12:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000071916

1. Entity Name
RINKU, INC.



Principal Place of Business

Mailing Address

2284 4TH STREET
ST PETERSBURG FL 33705

36108 SR 52
DADE CITY.
FL - 33525

14012 7TH STREET
DADE CITY FL 33525

36108 STATE RD 52
DADE CITY FL 33525



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3463623

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PATEL, BHASKER M

36108 SR 52

2026 E BAY ISLE DR SE
ST PETERSBURG FL 33705

DADE CITY.
FL - 33525

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

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 DIRECTORS IN 11

TITLE V
NAME PATEL, RAJUL
STREET ADDRESS 14012 7TH STREET
CITY-ST-ZIP DADE CITY FL 33525

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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 any other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/18/03 (352) 518-5878

Date

Daytime Phone #

CR2E034 (4/03)

From,

Rinku Inc.

36108 SRS2

DADE CITY, FL 33525.

10/18/03.

To,

Florida Dep. of St.

Division of Corporations

Tallahassee, FL 32314.

Ref Docu# P97 000071916.

FEL # 59-3463623

Res, Sir.

Please, Please consider me for delay

Since my address has been changing, I could not get first notice & second I have just received. So, I could not able to pay the payment in time.

Sir, I request and will be highly obliger if you. Consider my case and try to wave my penalty.

For know I enclose check for \$150.00.

Thank you

I Appreciate your Consideration

Rinku

Rajul Patel