

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90035 008 ***150.00

DOCUMENT # P98000026198

1. Corporation Name

RAJA FOOD, INC. ✓

Principal Place of Business

880 PALM BEACH RD
STUART, FL 34997

Mailing Address

1880 PALM BEACH RD
STUART, FL 34997

2. Principal Place of Business

2a. Mailing Address

26 2018 S CHICKASAW TR

Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

City & State

City & State

28 ORLANDO, FL

Zip

Country

Zip

Country

29 32825

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

03/20/98

3a. Date of Last Report

4. FEI Number

65-0820780

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

NILKANTH KAPADIA

82 Street Address (P.O. Box Number is Not Acceptable)

2018 S CHICKASAW TR

83

84 City

ORLANDO

FL

85 Zip Code

32825

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D/P/S ☐ DELETE
NAME ANIL KAPADIA
STREET ADDRESS 1537 SHADY OAK DR
CITY-ST-ZIP KISSIMMEE, FL 34744

TITLE D/VP ☐ DELETE
NAME NILIMA V VYAS
STREET ADDRESS 154 SANTA MONICA AVE
CITY-ST-ZIP ROYAL PALM BEACH, FL 33409

TITLE D/T ☐ DELETE
NAME HEMANGINI A BHATT
STREET ADDRESS 32 SHERIDAN AVE
CITY-ST-ZIP METUCHEN, NJ 08840

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #