

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90117 006 \*\*\*150.00

**DOCUMENT # P98000052174**

1. Entity Name

**BALAJI OF OCEAN INC.**



Principal Place of Business

**6344 RALEIGH ST  
APT 1102  
ORLANDO FL 32835-5619**

Mailing Address

**1180 HOWDYSHELL RD  
DAYTONA BEACH FL 32119-1510**

2. Principal Place of Business

**4338 CONROY CLUB DR**

3. Mailing Address

**4338 CONROY CLUB DR**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**ORLANDO - FL**

City & State

**ORLANDO - FL**

4. FEI Number

**59-3530494**

Applied For

Not Applicable

Zip

Country

**32835**

Zip

Country

**FL-32835**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**PATEL, MUKUND K  
6344 RALEIGH ST  
APT 1102  
ORLANDO FL 32835-5619**

7. Name and Address of New Registered Agent

Name **PATEL MUKUND K**

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

**4338 CONROY CLUB DR**

City

**Orlando**

FL

Zip Code

**32835**

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)

**2-21-03**

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 ☐ Delete

**P  
PATEL, MUKUND K  
6344 RALEIGH ST APT 1102  
ORLANDO FL 32835-5619**

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MUKUND K. 2-21-03 407-851-7961**

Date

Daytime Phone #

CR2E034 (10/02)