

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000097578

1. Entity Name  
RAJUHI, INC.

**FILED**  
**Jan 14, 2002 8:00 am**  
**Secretary of State**

01-14-2002 90010 029 \*\*\*150.00

AV 9916990

Principal Place of Business  
2121 N. FLORIDA AVE.  
LAKELAND FL 33805

Mailing Address  
2121 US 98 NORTH  
LAKELAND FL 33805



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
RAJUHI, INC.  
Suite, Apt. #, etc.  
2121-4-S. 98-N.

3. Mailing Address  
AS ABOVE

City & State  
LAKELAND - FL

City & State

4. FEI Number  
59-3548419

Applied For  
Not Applicable

Zip  
33805

Country  
POLK

Zip

Country

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

## 6. Name and Address of Current Registered Agent

PATEL, NALIN  
2121 US 98 NORTH  
LAKELAND FL 33805

## 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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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  
P  
PATEL, NALIN K  
2121 NO FL AVENUE  
LAKELAND FL 33805

☐ Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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☐ Change ☐ 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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature

01-06-02 863 686-2740

CR2E034 (9/01)