

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000108010

1. Entity Name

RANI AVIATION, INC.

Principal Place of Business

Mailing Address

7041 GRAND NATIONAL DRIVE, STE. 132
ORLANDO FL 32819

7041 GRAND NATIONAL DRIVE, STE. 132
ORLANDO FL 32819-8960

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 59-3548323

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

~~MOTOLAW, INC.~~
~~413 VIRGINIA DRIVE~~
~~ORLANDO FL 32803~~

Name
UWSA SERVICES, INC.

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

City
ORLANDO

FL

Zip Code
32804

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
AUJAN, ADEL
7041 GRAND NATIONAL DRIVE, STE. 132
ORLANDO FL 32819 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Add

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVP
STANISLAW, ROBERT A
7041 GRAND NATIONAL DRIVE, STE. 132
ORLANDO FL 32819 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Add

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
WEBSTER, DAVID A
413 VIRGINIA DRIVE
ORLANDO FL 32803 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Add

TITLE
NAME
STREET ADDRESS
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☐ Change ☐ Add

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 like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90116 001 ***300.00

5289



DO NOT WRITE IN THIS SPACE

21 Jan 00

18 JAN 2000 407-352-2241