

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000012687

1. Entity Name

R.S. UDANI, INC.

FILED
Jun 22, 2000 8:00 am
Secretary of State

06-22-2000 90001 016 ***150.00

Principal Place of Business Mailing Address
1550 NW 110 AVE., #344 1550 NW 110 AVE., #344
PLANTATION FL 33322 PLANTATION FL 33322-6907

2. Principal Place of Business 3. Mailing Address
8221 Glades Rd., # 11 8221 Glades Road

Suite, Apt. #, etc. Suite, Apt. #, etc.
11 # 11

City & State City & State
Boca Raton Boca Raton

Zip Country Zip Country
33434 Palm Beach 33434 Palm Beach

4. FEI Number Applied For
65-0897328 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

UDANI, RAM
1550 NW 110 AVE., #344
PLANTATION FL 33322

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 _____ (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	PT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UDANI, RAM		NAME		
STREET ADDRESS	1550 NW 110 AVE., #344		STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL 33322		CITY-ST-ZIP		
TITLE	VS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UDANI, LAJWANTI		NAME		
STREET ADDRESS	1550 NW 110 AVE., #344		STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL 33322		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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 687, 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: _____ Date: 4/25/00 (561) 283-9117

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #