

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90058 024 ***150.00

DOCUMENT # P990000-12687

1. Entity Name

R.S. UDNANI, INC.

Principal Place of Business

Mailing Address

8221 GLADES ROAD, # 11
BOCA RATON, FL. 33434

2. Principal Place of Business

3. Mailing Address

8221 GLADES ROAD

Same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

11

City & State

City & State

BOCA RATON, FL.

Zip

Country

Zip

Country

33434

4. FEI Number

65-0897328

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

LUU48938

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RAM UDNANI
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

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, 2001 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 P, T. ☐ Delete
NAME RAM UDNANI
STREET ADDRESS 1550 NW 110 AVE #344
CITY-ST-ZIP PLANTATION, FL. 33322

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

TITLE V, S. ☐ Delete
NAME LAJWANTI UDNANI
STREET ADDRESS 1550 NW 110 AVE. #344
CITY-ST-ZIP PLANTATION, FL. 33322

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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 #

4/12/01

CR2E034 (11/00)