

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000016151

1. Entity Name

RAJDEE, INC.

FILED

Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90098 005 ***158.75

Principal Place of Business

4300 W. OAKLAND PARK BLVD
LAUDERDALE LAKES FL 33313

Mailing Address

4300 W. OAKLAND PARK BLVD
LAUDERDALE LAKES FL 33313-1918

2. Principal Place of Business

4599 University Drive

3. Mailing Address

4599 University Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lauder Hill - FL

City & State

Lauder Hill

4. FEI Number

65-0900068

Applied For

Not Applicable

Zip

33351

Country

Broward

Zip

33351

Country

Broward

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PANNU, DEBRA
4300 W. OAKLAND PARK BLVD
LAUDERDALE LAKES FL 33313

7. Name and Address of New Registered Agent

Name

NA

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, 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

NA

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	PANNU, JASWANT S	
STREET ADDRESS	4300 W. OAKLAND PARK BLVD	
CITY-ST-ZIP	LAUDERDALE LAKES FL 33313	
TITLE	D	<input type="checkbox"/> Delete
NAME	PANNU, DEBRA	
STREET ADDRESS	4300 W. OAKLAND PARK BLVD	
CITY-ST-ZIP	LAUDERDALE LAKES FL 33313	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

DEBRA PANNU

Date

2/21/00

Daytime Phone #

954 4840700

CR2E034 (9/99)