

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # ~~P94000065549~~ P99000038829

1. Entity Name

BAJAJ CORPORATION

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90027 031 ***158.75

Principal Place of Business

12397 SHERIDAN STREET
COOPER CITY FL 33026
US

Mailing Address

12397 SHERIDAN STREET
COOPER CITY FL 33026-1442
US

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0914246

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

VINOD BAJAJ

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

417 Kelly Lane

City

Fort Lauderdale

FL

Zip Code

33326

VINOD BAJAJ
417 Kelly Lane
Ft. Lauderdale - 33326

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
PRESIDENT
VINOD BAJAJ
417 Kelly Lane
Ft. Lauderdale - 33326



TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VICE PRESIDENT
PATRICIA ROMERO
417 Kelly Lane
Ft. Lauderdale - 33326



TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP



TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP



TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP



TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP



TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP



TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP



TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP



TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP



TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP



TITLE
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:

VINOD BAJAJ (VINOD-BAJAJ) 04/26/00

Date

(954) 436-6615

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR