

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000039980

1. Entity Name

VORAJI INTERNATIONAL, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90288 037 ***150.00

Principal Place of Business

Mailing Address

~~14 WHITE MARSH CIRCLE~~
ORLANDO FL 32824

~~14 WHITE MARSH CIRCLE~~
ORLANDO FL 32824

*Please note Address is
changed. new Add. is below -*

2. Principal Place of Business

1839 SOARING HEIGHTS CIR - SAME

3. Mailing Address

Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

4. FEI Number

59-3575484

Applied For

Not Applicable

Zip

32837

Country

Zip

Country

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

VORAJEE, SULEMAN

~~14 WHITE MARSH CIRCLE~~

ORLANDO FL 32824

*1839 Soaring height - cir
ORL - FL - 32837 -*

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

APR 11 19th 01

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 D
NAME VORAJEE, SULEMAN
STREET ADDRESS ~~14 WHITE MARSH CIRCLE~~ *1839 Soaring height cir*
CITY-ST-ZIP ORLANDO FL 32824 *32837*

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

TITLE D
NAME VORAJEE, IMRAN
STREET ADDRESS ~~14 WHITE MARSH CIRCLE~~ *1839 Soaring height cir*
CITY-ST-ZIP ORLANDO FL 32824 *32837*

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/17/01

407-855-2229

CR2E034 (10/00)