

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000057292

1. Entity Name
AMRAPALI INTERNATIONAL, INC.

Principal Place of Business
6804 ARMENIA AVE STE 1
TAMPA FL 33604

Mailing Address
~~6804 ARMENIA AVE STE 1~~
~~TAMPA FL 33604~~
1214 ORTIZ AVE
FORT MYERS, FL-33905

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3583840

Applied For

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

RATHOD, MOHAN R
1214 ORTIZ AVE
FORT MYERS FL 33905

Name
CHANDRAJEET R. NAIK
Street Address (P.O. Box Number is Not Acceptable)
1214 ORTIZ AVE
F
City FORT MYERS FL Zip Code 33905

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

PRESIDENT

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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
RATHOD MOHAN R
1214 ORTIZ AVE
FORT MYERS, FL-33905 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
700003436237-9
-10/24/00--01021--016
*****61.25 *****61.25

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VICE PRESIDENT
CHANDRAJEET R. NAIK
1214 ORTIZ AVE
FORT MYERS, FL-33905 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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☐ Delete

TITLE
NAME
STREET ADDRESS
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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/06/00 941-693 7343
Date Daytime Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
AMENDED
00 OCT 16 AM 10:47



DO NOT WRITE IN THIS SPACE

CR2E034 (5/00)