

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000090711

1. Entity Name

RAJARAM, P.A.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90062 019 ***150.00

Principal Place of Business

Mailing Address

10640 EMERALD CHASE DRIVE
ORLANDO FL 32836

10640 EMERALD CHASE DRIVE
ORLANDO FL 32836-5877

2. Principal Place of Business

1705, U.S. HWY 27-N

3. Mailing Address

1705, U.S. HWY 27-N

Suite, Apt. #, etc.

SUITE 203

Suite, Apt. #, etc.

SUITE 203

City & State

DAVENPORT, FL

City & State

DAVENPORT, FL

4. FEI Number

59-3602551

Applied For

Not Applicable

Zip

33837

Country

Zip

33837

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GASSMAN, ALAN S ESQ
1245 COURT STREET SUITE 102
CLEARWATER FL 33756

7. Name and Address of New Registered Agent

Name P. RAJARAM

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

1705, U.S. HWY 27-NORTH, SUITE 203

DAVENPORT, FL

City

FL

Zip Code

33837

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.

P. RAJARAM, President

(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

TITLE **D** ☐ Delete
NAME **RAJARAM, PERUMALSWAMY**
STREET ADDRESS **10640 EMERALD CHASE DRIVE**
CITY-ST-ZIP **ORLANDO FL 32836**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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 (REMOVED)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Perumalswamy RAJARAM (D)

1-18-00

Date

863-421-7626 Daytime Phone

CR2E034 (9/99)