

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jun 05, 2001 8:00 am
Secretary of State

06-05-2001 90030 021 ***150.00

DOCUMENT # P99000095063

Entity Name

TAS. & RAV, INC

Principal Place of Business

Mailing Address

1504 W Vine St
Kissimmee, FL 34741

2. Principal Place of Business

3. Mailing Address

1504 W Vine St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Kissimmee, FL

City & State

Kissimmee, FL

Zip

34741

Country

Osceola

Zip

Osceola

Country

Osceola

4. FEI Number

59-3608746

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

00057680

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Rajdai Nampatee
2905 Roxbury Ct
Kissimmee, FL 34743

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

Rajdai Nampatee

5/29/01

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

(NOT 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!

After MAY-1, 2001

Make Check Payable to Department of State

FEE IS \$150.00

Fee will be \$550.00

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: President
NAME: Rajdai Nampatee
STREET ADDRESS: 2905 Roxbury Ct
CITY-ST-ZIP: Kissimmee, FL 34743

TITLE: Secretary
NAME: Jagdeep Nampatee
STREET ADDRESS: Same as above
CITY-ST-ZIP: Same as above

TITLE:
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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 the signature of the officer or director 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 amendment with an address, with all other like empowered

SIGNATURE:

Rajdai Nampatee

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/30/01

Date

(407) 870-8747

Daytime Phone #

CR2E034 (11/00)