

**01/02 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 JUL -2 AM 10:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000102196
1. Entity Name
SUNRAJ INVESTMENTS INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 19113 N US HWY 441 Suite, Apt. #, etc.	3. Mailing Address P O BOX 566 Suite, Apt. #, etc.
City & State ORANGE LAKE, FL Zip 33681 Country	City & State ORANGE LAKE, FL Zip 32681 Country

4. FEI Number **59-3609570** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

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7. Name and Address of Current Registered Agent
Name **KANAIYALAL PATEL**
Street Address (P.O. Box Number is Not Acceptable)
1421 SW 27th AVE Apt # **2709**
City **OCALA FL** Zip Code **34474**

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 *K Patel* DATE **06/14/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)
January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	P/S KANAIYALAL PATEL P O BOX 566 ORANGE LAKE, FL 33681	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *K Patel* **KANAIYALAL PATEL** DATE **06/14/02**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)