

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000107087

1. Entity Name

PARAS INTERNATIONAL, INC.

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90053 006 ***150.00

Principal Place of Business

11570 FEMINOLE ROAD
DUNELLON FL 34431

Mailing Address

1240 N. 9TH ST. #6
STROUDSBURG PA 18360

001150

2. Principal Place of Business

11570 Feminole Road

3. Mailing Address

1076, Penn Estate

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Dunellon, Florida

City & State

East Stroudsburg, PA

4. FEI Number

59-3623687

Applied For

Not Applicable

Zip

34431

Country

USA

Zip

18301

Country

USA

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

RASKAPUR, JAI
11570 FEMINOLE ROAD
DUNELLON FL 34431

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

Jai Raskapur

JAI RASKAPUR (President) 01/7/01

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 \$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	P	<input type="checkbox"/> Delete
NAME	PATEL, NAINESH	
STREET ADDRESS	11570 FEMINOLE RD.	
CITY-ST-ZIP	DUNELLON FL 34431	
TITLE	P	<input type="checkbox"/> Delete
NAME	RASKAPUR, JAI	
STREET ADDRESS	11570 FEMINOLE RD.	
CITY-ST-ZIP	DUNELLON FL 34431	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:

Jai Raskapur

JAI RASKAPUR (P) 01/7/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)