

FILED
Feb 27, 2003 8:00 am
Secretary of State

02-03-2003 90084 001 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S89190

1. Entity Name
TEJ VILLAGE, INC.



Principal Place of Business
402 HIGH POINT DR
COCOA FL 32926
US

Mailing Address
402 HIGH POINT DR
COCOA FL 32926
US

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
59-3090308

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LINTZ, LESTER
1970 MICHIGAN AVE.
BLDG. C
COCOA FL 32922

7. Name and Address of New Registered Agent

Name SHAH RAJENDRA
Street Address (P.O. Box Number is Not Acceptable)
402, HIGHPOINT DRIVE
City COCOA FL Zip Code 32926

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [Signature]
Signature of the registered agent or the person authorized to change the registered agent or office.

(NOTE: Registered Agent signature required when reinstating)

DATE 1/27/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME DP
STREET ADDRESS SHAH, MAHESH R.
CITY-ST-ZIP 702 HAWKSBILL ISLAND DR
SATELLITE BEACH FL

TITLE ☐ Delete
NAME DS
STREET ADDRESS SHAH, RASHMI M.
CITY-ST-ZIP 702 HAWKSBILL ISL DR
SATELLITE BCH FL

TITLE ☐ Delete
NAME DV
STREET ADDRESS SHAH, RAJENDRA R
CITY-ST-ZIP 740 NICKLAUS DR
MELBOURNE FL 32940

TITLE ☐ Delete
NAME DT
STREET ADDRESS SHAH, KAMAN R
CITY-ST-ZIP 740 NICKLAUS DR
MELBOURNE FL 32940

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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

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

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

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

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

12. 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 10 or Block 11 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

Date

Daytime Phone #

CR2E034 (10/02)