FILED
Jun 25, 2002 8:00 am
Secretary of State
06-25-2002 90449 018 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V41344

1. Entity Name

RANI RESTAURANTS, INC.

DO NOT WRITE IN THIS SPACE

B0125582

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 5737 W Irlo Bronson Mem. Hwy		3. Mailing Address: 7345 Sand Lake Road	
Suite, Apt. #, etc.		Suite, Apt. # etc.: #412	
City & State: Kissimmee, Florida		City & State: Orlando, Florida	
Zip: 34746	Country: USA	Zip: 32819	Country: USA

4. FEI Number: 59-3131519 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: Maali, Zakaria
Street Address (P.O. Box Number is Not Acceptable): 8749 Summer Ville Pl
City: Orlando FL Zip Code: 32819

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 ______________________ DATE

9. This corporation is eligible and satisfies 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	P	TITLE	
NAME	Maali, Zakaria	NAME	
STREET ADDRESS	8749 Summer Ville Pl	STREET ADDRESS	
CITY-ST-ZIP	Orlando, FL 32819	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	DO NOT WRITE
CITY-ST-ZIP		CITY-ST-ZIP	IN THIS SPACE
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Zakar Maali ZAKARIA MAALI 5/1/02 407-396-0669
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

CR2E034B (12/01)