

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V46012

1. Entity Name

RAJA'S INDIAN CUISINE, INC.

FILED
Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90282 044 ***150.00

Principal Place of Business

243 E. FLAGLER ST./SUITE #14
MIAMI FL 33131
33 NE 2ND AVE
MIAMI FL 33132

Mailing Address

243 E. FLAGLER STREET. #14
MIAMI FL 33131
US
33 NE 2ND AVE
MIAMI FL 33132

2. Principal Place of Business

33 NE 2ND AVE

3. Mailing Address

33 NE 2ND AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

City & State

MIAMI FLORIDA

4. FEI Number

65-0344301

☒ Applied For
☐ Not Applicable

Zip

33132-2507

Country

USA

Zip

33132-2507

Country

USA

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

6. Name and Address of Current Registered Agent

KANNALYAN, S
164 NW 89TH ST
MIAMI FL 33131

7. Name and Address of New Registered Agent

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

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
	RAJBABU, NAGAL	164 NW 89 ST.	MIAMI FL 33150	<input checked="" type="checkbox"/>
	V	SARAUANAN, KANNAIYAN	164 NW 89TH ST.	<input type="checkbox"/>
	ST	PANDIAN, KANDASMY	164 NW 89ST	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

PRESIDENT To Be ADDED LATER.

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)