

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90121 017 ***158.75

DOCUMENT # **P99000057292**



1. Entity Name
AMRAPALI INTERNATIONAL, INC.

Principal Place of Business
**1214 ORTIZ AVE
FORT MYERS FL 33905**

Mailing Address
**1214 ORTIZ AVE
FORT MYERS FL 33905**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **59-3583840**

Applied For
Not Applicable

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NAIK, CHANDRAJEET R
1214 ORTIZ AVE
FORT MYERS FL 33905

Name **SUVARNA MOHAN RATHOD**

Street Address (P.O. Box Number is Not Acceptable)
1214 ORTIZ AVE

City **FORT MYERS** FL Zip Code **33905**

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]* **SUVARNA RATHOD** **vice President** **1-16-03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** Delete

NAME **RATHOD, MOHAN**

STREET ADDRESS **1214 ORTIZ AVE**

CITY-ST-ZIP **FORT MYERS FL 33905**

TITLE Change Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE **V** Delete

NAME **NAIK, CHANDRAJEET R**

STREET ADDRESS **1214 ORTIZ AVE**

CITY-ST-ZIP **FORT MYERS FL 33905**

TITLE **vice President** Change Addition

NAME **SUVARNA MOHAN RATHOD**

STREET ADDRESS **1214 ORTIZ AVE**

CITY-ST-ZIP **FORT MYERS FL- 33905**

TITLE Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE Change Addition

NAME

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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]* **1/16/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CFR2034 (10/02)