

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000020519

1. Entity Name
KAJAL, INC. ✓

FILED
Jul 26, 2000 8:00 am
Secretary of State

07-26-2000 90015 016 ***558.75

Principal Place of Business
~~12421 SOUTH HWY #301~~
~~DADE CITY FL 33525~~

Mailing Address
~~12421 SOUTH HWY #301~~
~~DADE CITY FL 33525~~

2. Principal Place of Business
2636 TRANSMITTER Rd
Suite, Apt. #, etc.

3. Mailing Address
2636 TRANSMITTER Rd
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
SPRINGFIELD - FL

City & State
SPRINGFIELD . FL

4. FEI Number
59-3562242

Applied For
 Not Applicable

Zip Country
32404 BAY

Zip Country
32404 BAY

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

PATEL, RAJENDRA M
2930 #H HARRISON AVE
PANAMA CITY FL 32405

Name
RAJENDRA M. PATEL

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

2930 HARRISON AVE # H

City PANAMA CITY FL Zip Code 32405

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 President

DATE 7/14/2000

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	President RAJENDRA M. PATEL 2930 HARRISON AVE # H PANAMA CITY - FL-32405 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

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

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: PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 7/14/2000 88-747-0191
Date Daytime Phone #

CR2E034 (5/00)