

# 2002 UNIFORM BUSINESS REPORT (UBR)

5/2

**FILED**  
**Jun 24, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90220 013 \*\*\*\*50.00

**DOCUMENT # L00000003110**

1. Entity Name

**KRISHNA OF CLEARWATER, L.L.C.**

Principal Place of Business

**3416 N WALLCRAFT AVE  
TAMPA FL 33611**

Mailing Address

**3416 N WALLCRAFT AVE  
TAMPA FL 33611**

2. Principal Place of Business

**NORTH DALEMABRY**

Suite, Apt. #, etc.

**2502**

3. Mailing Address

**3416 W. WALLCRAFT AVE**

Suite, Apt. #, etc.

**3416**

City & State

**TAMPA, FL**

City & State

**TAMPA, FL**

Zip

**33609**

Country

**U.S.A.**

Zip

**33611**

Country

**U.S.A.**

6. Name and Address of Current Registered Agent

**WOLFE, RANDOLPH J**

**201 NORTH FRANKLIN STREET, SUITE 2200  
TAMPA FL 33602**

7. Name and Address of New Registered Agent

**Wolfe, Randolph J.**

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

**100 N. Tampa Street**

**Suite 2700**

City

**Tampa**

**FL**

Zip Code

**33602**

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

**Randolph J. Wolfe, Randolph J. Wolfe**

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4/25/02**

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
KALIA, C.A.  
3416 W. WALLCRAFT AVE  
TAMPA FL 33611**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

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☐ Change ☐ Addition

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CR2E083 (9/01)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **Chandrasekhar**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**20 APR 02 813-2634373**

**C.A. Kalia, Managing Member**

Daytime Phone #