FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Apr 06, 2001 8:00 am Secretary of State DOCUMENT # F9300005174 1. Entity Name NATH FLORIDA FRANCHISE GROUP, INC. 4-06-2001 90015 042 ***150.00 Principal Place of Business Mailing Address 900 East 79th Street 900 EAST 79TH STREET A0043209 #300 #300 **BLOOMINGTON MN 55420 BLOOMINGTON MN 55420** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 41-1762875 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 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. ŚIGNATURE 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 9. This corporation is eligible to satisfy its Intangible **\$5.00** May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Delete TITI F ☐ Change Addition TITLE NATH, MAHENDRA NAME NAME STREET ADDRESS STREET ADDRESS 900 E 79TH ST, #300 CITY-ST-ZIP CITY-ST-ZIP BLOOMINGTON MN 55420-1392 ☐ Addition DS TITI E ☐ Change ☐ Delete TITLE NAME NAME NATH, ASHA STREET ADDRESS STREET ADDRESS 900 E 79TH ST, #300 CITY-ST-ZIP CITY-ST-ZIP BLOOMINGTON MN 55420-1392 TITLE TITLE Change ☐ Addition ۷D Delete NAME NAME MEHTA, ASHOK STREET ADDRESS STREET ADDRESS 900 E 79TH ST, #300 CITY-ST-ZIP CITY-ST-ZIP BLOOMINGTON MN 55420-1392 TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME NATH, DEEPAK STREET ADDRESS STREFT ADDRESS 900 E 79TH ST. #300 CITY-ST-ZIP CITY-ST-ZIP BLOOMINGTON MN 55420-1392 TITLE Delete TITI F ☐ Change ■ Addition WALIA, SHALINI NATH STREET ADDRESS STREET ADDRESS 900 E 79TH ST. #300 CITY-ST-ZIP CITY-ST-ZIP BLOOMINGTON MN 55420-1392 TITLE D Delete TITLE Change ☐ Addition NAME WALIA, DAVE NAME STREET ADDRESS STREET ADDRESS 900 E 79TH ST, #300 CITY-ST-7IP CITY-ST-ZIP BLOOMINGTON MN 55420-1392

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:

HSUQ. Nath
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR