

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F93000005174

1. Entity Name

NATH FLORIDA FRANCHISE GROUP, INC.

FILED

02 MAY -1 PM 2:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

900 East 79th Street

Suite, Apt. #, etc.

Suite 300

City & State

Bloomington, MN

Zip

55420

Country

3. Mailing Address

900 East 79th Street

Suite, Apt. #, etc.

Suite 300

City & State

Bloomington, MN

Zip

55420

Country

4. FET Number

41-1762875

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

LORI HALL

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

2949 N. MILITARY TRAIL / BURGER KING ST

City

WEST PALM

FL

Zip Code

33409

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

Lori Hall

LORI HALL

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	PDT Mahendra Nath 900 East 79th Street / Suite 300 Bloomington, MN 55420-1392	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600005538386--7 -05/15/02--01058--032 ****150.00 ****150.00
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**DO NOT WRITE  
IN THIS SPACE**

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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Mahendra Nath

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/02

Date

952.853.1400

Daytime Phone #