

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90084 021 ***150.00

DOCUMENT # F93000005174

1. Entity Name
NATH FLORIDA FRANCHISE GROUP, INC.



Principal Place of Business
**900 EAST 79TH STREET
#300
BLOOMINGTON, MN 55420**

Mailing Address
**900 EAST 79TH STREET
#300
BLOOMINGTON, MN 55420**

2. Principal Place of Business

900 American BLVD E.

3. Mailing Address

900 American BLVD. E.

Suite, Apt. #, etc.

300

Suite, Apt. #, etc.

#300

City & State

BLOOMINGTON, MN

City & State

BLOOMINGTON, MN

Zip

55420

Country

USA

Zip

55420

Country

USA

6. Name and Address of Current Registered Agent

**HALL, LORI
2949 N. MILITARY TRAIL
BURGER KING #5777
WEST PALM, FL 33409**

7. Name and Address of New Registered Agent

Name

Mark Karefa

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

1107 N Ponce De Leon BLVD.

\$ BURGER KING #6122

City

ST. AUGUSTINE

FL

Zip Code

32084

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

MARK KAREFA

(NOTE: Registered Agent signature required when reinstating)

4.08.04

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PDT
NATH, MAHENDRA
900 E 79TH ST, #300
BLOOMINGTON, MN 554201392** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
NATH, ASHA
900 E 79TH ST, #300
BLOOMINGTON, MN 554201392** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**900 American BLVD. E. #300
Bloomington, MN 55420-1392** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**900 AMERICAN BLVD. E. #300
BLOOMINGTON, MN 55420-1392** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

Asha. Nath

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.08.04

Date

952 853 1400

Daytime Phone #