

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 13, 1999 8:00 am  
Secretary of State

04-13-1999 90110 015 \*\*\*158.75

DOCUMENT # F96000001561

1. Corporation Name

NATH RESTAURANTS, INC.

Principal Place of Business

900 EAT 79TH STREET

BLOOMINGTON MN 55420

Mailing Address

900 EAT 79TH STREET

BLOOMINGTON MN 55420

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/27/1996

4. FEI Number

41-1802370

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year intangible  
Personal Property Tax.

☐ Yes

☐ No

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PCT ☐ DELETE

NAME NATH, MAHENDRA

STREET ADDRESS 900 E 79TH ST, #300

CITY-ST-ZIP BLOOMINGTON MN 55420-1392

TITLE VVC ☐ DELETE

NAME MEHTA, ASHOK

STREET ADDRESS 900 E 79TH ST, #300

CITY-ST-ZIP BLOOMINGTON MN 55420-1392

TITLE S ☐ DELETE

NAME NATH, ASHA

STREET ADDRESS 900 E 79TH ST, #300

CITY-ST-ZIP BLOOMINGTON MN 55420-1392

TITLE D ☐ DELETE

NAME WALIA, SHALINI N

STREET ADDRESS 900 E 79TH ST, #300

CITY-ST-ZIP BLOOMINGTON MN 55420-1392

TITLE D ☐ DELETE

NAME NATH, DEEPAK

STREET ADDRESS 900 E 79TH ST, #300

CITY-ST-ZIP BLOOMINGTON MN 55420-1392

TITLE D ☐ DELETE

NAME WALIA, DAVINDER

STREET ADDRESS 900 E 79TH ST, #300

CITY-ST-ZIP BLOOMINGTON MN 55420-1392

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/6/99 853 1440

CR2E034 (11/98)