

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 06, 2001 8:00 am
Secretary of State

04-06-2001 90015 040 ***150.00

0631614

DOCUMENT # F96000001561

1. Entity Name

NATH RESTAURANTS, INC.

Principal Place of Business

**900 EAT 79TH STREET
#300
BLOOMINGTON MN 55420**

Mailing Address

**900 EAT 79TH STREET
#300
BLOOMINGTON MN 55420**

2. Principal Place of Business

900 EAST 79th Street

3. Mailing Address

900 EAST 79th Street

Suite, Apt. #, etc.

300

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Bloomington, MN

City & State

4. FEI Number

41-1802370

Applied For

Not Applicable

Zip

55420

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City

FL

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.

SIGNATURE

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) ☐

**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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 **PCT** ☐ Delete
NAME **NATH, MAHENDRA**
STREET ADDRESS **900 E 79TH ST, #300**
CITY-ST-ZIP **BLOOMINGTON MN 55420-1392**

TITLE **WVC** ☒ 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**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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 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: **Asha. Nath - ASHA NATH**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/01

Date

952-853-400

Daytime Phone #

CR2E034 (10/00)