

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

DOCUMENT # F96000001561

1. Entity Name

NATH RESTAURANTS, INC.

FILED

02 MAY -1 AM 10:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

900 East 79th Street

3. Mailing Address

900 East 79th Street

Suite, Apt. #, etc.

Suite 300

Suite, Apt. #, etc.

Suite 300

City & State

BLOOMINGTON, MN

City & State

BLOOMINGTON, MN

Zip

55420

Country

Zip

55420

Country

4. FEI Number

41-1802370

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)

BURGER KING # 5777

2949 NORTH MILITARY TRAIL

City

WEST PALM

FL

Zip Code

33409

**DO NOT WRITE
IN THIS SPACE**

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
PCT
MAHENDRA NATH
900 EAST 79th STREET
BLOOMINGTON, MN 55420-1392

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
400005976054--2
-06/25/02--01062--004
****150.00 ****150.00

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S
ASHA NATH
900 EAST 79th STREET
BLOOMINGTON, MN 55420-1392

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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)(f), 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 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 #