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

DOCUMENT # F9700002954 1. Corporation Name

NATH MIAMI FRANCHISE GROUP, INC.

FILED Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90056 009 ***158.75

-Principal Place	of Business	Mailing	Address	ىت نىيەس	 :					ا ا
900 EAST 79TH ST STE 300 BLOOMINGTON MN 55420 BLOOMINGTON MN 55420							DO NOT WRITE IN THIS SPACE			
							3. Date Incorporated or Qualifed 06/06/1997			
Principal Place of Business 2a. Mailing Address							4. FEI Number		Ar	plied For
└	ace of Busiliess	26	ing Addiess				41-1875468		<u> </u>	ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.							5. Certificate of Status Desired		\$8.75	Additional equired
City & State City & State							6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
23	Country	28		Cou	ntn:					
Zip	Country	Zip		30	riu y	•	This corporation owes the current ye Personal Property Tax.		rbie Yes	□No
24	9. Name and Address of Cu	29	Agent	30	1	· - · · ·	10. Name and Address of New Regist			
	5. Name and Address of Co	Hant Registered	Agont		81	Name				
CT C	ORPORATION SYSTEM									
	SO PINE ISLAND RD ITATION FL				82	Street Addr	ess (P.O. Box Number is Not Acceptable)			
1,54	,				83					
					84	City		PL		Code
l office or r	to the provisions of Sections 607: egistered agent, or both, in the SI m familiar with, and accept the ob	ate of Florida. Su	ıch change was a	authorized	I DV	the corporation	oration submits this statement for the purpoon's board of directors. I hereby accept the	se of cha appointm	anging its nent as re	registered : gistered
_	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,									
SIGNATURE	Signature, typed or printed name of registered	agent and title if applic	able (NOTE		Agen	t signature required	f when reinstating) DA			
12.		AND DIRECTO		13.			ADDITIONS/CHANGES TO OFFICER			
TITLE	CPD		☐ DELETE	1.1 11	rle			L.] Change	Addition
NAME	NATH, MAHENDRA			1.2 N	ME					
STREET ADDRESS	105 WEST PLEASANT LAKE	: RD		1.3 51	REET	ADDRESS				
CITY-ST-ZIP	NORTH OAKS MN 55127				TY-S1	r-ZIP			7.65	Addition
ΠLE	VSD		☐ DELETE	2.1 ∏	TLE] Change	Addition
NAME	IATH, ASHA			2.2 NAME						
STREET ADDRESS	105 WEST PLEASANT LAKE	: KD		2.3 \$1	REET	ADDRESS				
CITY-ST-ZIP	NORTH OAKS MN 55127	·		2.4C		T-ZIP			7 Change	- Addition
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NAME				4. 2 N		1				
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CITY-ST-ZIP			□ pricte		TY-SI	r-zip		 -	Change	Addition
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NAME						AUDOEGG				
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP			☐ DELETE	5.4 CI	TY-SI	-217			Change	☐ Addition
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NAME						1000000				
STREET ADDRESS					TV 61	ADDRESS		`		
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR