

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

DOCUMENT # F97000002954

1. Entity Name

NATH MIAMI FRANCHISE GROUP, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

900 East 79th Street

Suite, Apt. #, etc.

Suite 300

City & State

BLOOMINGTON, MN

Zip

55420-1392

Country

3. Mailing Address

900 East 79th STREET

Suite, Apt. #, etc.

SUITE 300

City & State

BLOOMINGTON, MN

Zip

55420-1392

Country

4. FEI Number

41-1875468

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

LORI HALL

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

2749 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	CPD Mahendra Nath 900 East 79th Street/Suite 300 BLOOMINGTON, MN 55420	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000005507810--9 -05/14/02--01016--020 ****150.00 ****150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD ASHA NATH 900 East 79th Street/Suite 300 BLOOMINGTON, MN 55420	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 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

952-853-1400

Date

Daytime Phone #