

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H99552

1. Entity Name

MASHNA INVESTMENT CORPORATION

Principal Place of Business

P.O. BOX 149428 (ORLANDO, FL. 32814)
307 E VINE ST.
KISSIMMEE FL 34744-4271

Mailing Address

P.O. BOX 149428 (ORLANDO, FL. 32814)
307 E VINE ST.
KISSIMMEE FL 34744-4271

2. Principal Place of Business

307 E. Vine St
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 149428
Suite, Apt. #, etc.

City & State

Kissimmee FL

City & State

Orlando FL

Zip

34744

Country

Osceola

Zip

32814-9428

Country

Orange

4. FEI Number

59-2635207

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PATEL, MANU H
3038 CRESTED CR
ORLANDO FL 32837

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
PATEL, MANU H.
307 E VINE ST.
KISSIMMEE FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
PATEL, NAVIN H.
2803 U.S. 27 SOUTH
SEBRING FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HARI, SHANTU
2625 FT CAMPBELL BLVD
HOPKINSVILLE KY

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Sep 06, 2000 8:00 am
Secretary of State

09-06-2000 90134 038 ***550.00



DO NOT WRITE IN THIS SPACE

CR2E034 (5/00)

8/30/00 407-8986500