OCUMENT # H99552

Entity Name

MASHNA INVESTMENT, CORPORATION

May 14, 2001 8:00 am
Secretary of State
05-14-2001 90179 044 ***150.00

ncipal Place of Business
).BOX 149428(ORLANDO, FL. 32814)
E VINE ST.
SIMMEE FL 34744-4271

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

A00065454

DO NOT WRITE IN THIS SPACE

Principal Place of Business	3. Mailing Address
307 E. Vine St	P.O. Box 149428
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Kissimmee FL	City & State: Orlando FL
Zip: 3474 Country: Osceola	Zip: 32814-9428 Country: Orang

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

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

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

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
E EET ADDRESS -ST-ZIP	DP ☐ Delete PATEL, MANU H. 307 E VINE ST. KISSIMMEE FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
E EET ADDRESS -ST-ZIP	SD ☐ Delete PATEL, NAVIN H. 2803 U.S. 27 SOUTH SEBRING FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
E EET ADDRESS -ST-ZIP	D ☐ Delete HARI, SHANTU 2625 FT CAMPBELL BLVD HOPKINSVILLE KY	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
E E EET ADDRESS -ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
E E EET ADDRESS -ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
E E EET ADDRESS -ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (5/00)

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.

IGNATURE: SIGNATURE REQUIRED 4/30/01 407-898-6500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Patel 4/23/01

RECEIVED FROM 850 922 3709 04.23.2001 10:34 P. 1