2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J10858 1. Entity Name K & N FOOD CORP.

Principal Place of Business

3618 LANTANA ROAD BAY 2 LANTANA FL 33468-247

Mailing Address

7058 CATLINA ISLE DRIVE LAKE WORTH FL 33467-7737 Apr 18, 2000 8:00 am Secretary of State 04-18-2000 90203 008 ***150.00

บร	•	บร						
					11	FEIR COL MAI ANN ANN FER STAN AND AND STAN	AIRII EIRII AIRII EIR	
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN TH	HIS SPACE		
City & State	9	City & State			4. FEI I	Number 59-2678377		plied For t Applicable
Zip	Country	Zip	Country	,	5. Certi	ficate of Status Desired	\$8.75 Add Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
				Name				
PATEL, KANTI C. 7058 CATLINA ISLE DRIVE LAKE WORTH FL 33467				Street Address (P.O. Box Number is Not Acceptable)				
				City FL Zip Code				
8. The above	named entity submits this statement f	or the purpose of changing its	s registered	office or registere	ed agent,	or both, in the State of Florida.		
CICNIATURE								
SIGNATURE.	Signature, typed or printed name of registered agen	t and title if applicable. (NO)	TE: Registered A	gent signature required	when reinstat	ing) DA	TÉ .	
							_	
9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE				•	1	0. Election Campaign Financing	\$5.0	O May Be
Tax filing requirement and elects to do so. After MAY 1, 2000 Fee					j	Trust Fund Contribution.		to Fees
(See criter	ia on back)	Make Check Payal	ble to Dep	artment of Stat	e			
11.	OFFICERS AND	DIRECTORS	12.		ADDIT	ONS/CHANGES TO OFFICERS	AND DIRECTORS	3 IN 11
TITLE	PD	☐ Delete	TITLE		•		☐ Change	☐ Addition
NAME	PATEL, KANTI C.		NAME					
STREET ADDRESS	7058 CATLINA ISLE DRIVE			ADDRESS				
CITY-ST-ZIP	LAKE WORTH FL		CITY-S	- 1				
	V		_					
TITLE	*	☐ Delete	TITLE				Change	☐ Addition
NAME	PATEL, NILBALA K.		NAME					
STREET ADDRESS	7058 CATLINA ISLE DRIVE		STREET	ADDRESS	•			
CITY-ST-ZIP	LAKE WORTH FL		CITY-S	T-ZIP				
TITLE	The second secon	☐ Delete	TITLE			The second secon	☐ Change	☐ Addition
NAME			NAME					
STREET ADDRESS				ADDRESS				Í
CITY-ST-ZIP			CITY-S	I .				
GITT-51-EII								
TITLE		☐ Delete	TITLE	1			☐ Change	Addition
NAME			NAME					
STREET ADDRESS				ADDRESS				
CITY-ST-ZIP			CITY-S	T-ZIP				
TITLE		☐ Delete	TITLE				☐ Change	☐ Addition
NAME			NAME]				
STREET ADDRESS			STREET	ADDRESS				
CITY-ST-ZIP			CITY-S	I .				
							Change	Addition
TITLE		☐ Delete	TITLE	1				
NAME			NAME					
STREET ADDRESS				ADDRESS				
CITY-ST-ZIP			CITY-S	f-ZiP				
13. I hereby of	certify that the information supplied wit	th this filing does not qualify for	or the exem	otion stated in Se	ction 119	07(3)(i), Florida Statutes. I further	certify that the in at I am an officer	nformation or director

indicated on this report or supplemental report is true and that my signature sharinave the same legal effect as it made under out, that i arr an officer of 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