2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **K63135** May 13, 2000 8:00 am Secretary of State 1. Entity Name M & T FOOD CORPORATION 05-13-2000 90042 017 ***150.00 Principal Place of Business Mailing Address 401 LAKE AVENUE 401 LAKE AVE. LK WORTH FL 33460-3806 LAKE WORTH FL 33460 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0095074 Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7.- Name and Address of New Registered Agent 6.-Name and Address of Current Registered Agent Name PATEL, NAYAN Street Address (P.O. Box Number is Not Acceptable) 35 BUXTON LN **BOYNTON BCH FL 33462** 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. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Addition DS ☐ Delete TITLE TITLE PATEL, NAYAN NAME NAME **35 BUXTON LANE** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BOYNTON BEACH FL 33462** CITY-ST-ZIP Change ☐ Addition Delete TITLE PATEL, RAJESH NAME 49848 COOKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP PLYMOUTH MI 48170 ☐ Delete —-THILE TITLE-PATEL, NILESH NAME NAME STREET ADDRESS 2301 23RD COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP JUPITER FL 33477 ☐ Addition ☐ Change TITI F TITLE Delete SHOBHANA, VASOYA NAME NAME 965 MANORS DRIVE, #A38 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM SPRINGS FL 33461 ** Addition ☐ Delete TITLE TITLE PATEL BAKUL 373 NW MEJESTIC NAME STREET ADDRESS STREET ADDRESS PT ST LUCIE, FL 34984 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP 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

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address, with all other like empowered.

SIGNATURE: