2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 05, 2003 8:00 am Secretary of State

DOCUMENT # P0000001767 1. Entity Name JAMBA OF USA, INC. Principal Place of Business 5802 TURKEY LAKE DRIVE ORLANDO, FL 32819 Mailing Address 5802 TURKEY LAKE DRIVE ORLANDO, FL 32819						05-05-2003 91878 026 ***150.00							
2. Principal P	-												
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES							
City & State		City & State				4. FEI Number 59-3620859				F	Applied For Not Applicable		
Zip Country		Zip	try	5. Certificate of State			tatus Desire	\$9.75 talations					
	6. Name and Address of Current	Registered Agent	L	Ĺ		7. N	ame and Add	Ireas of New	Registere				
KOSHIMBA 6802 TURK ORLANDO,	YEVA, ROZAGUL K EY LAKE ROAD FL 32819			Name Street A		2-07 P.O. B	gul- ox Number is	T Q eg					
	જ ન વર્ષો			City	.				F	Zip C	ode		
the obligat	named entity submits this statement follows of registered agent. R. TOLLOR Signature, typoul or primed name of registered agent.			d Agentaigne			nacue(ing)	DL	421	103		- 	
776	May 1, 2003 Pet will be \$556.00 Paydole to Florida Papartment	df State		·				n Campaign und Contribu			OD May ded to Fee		
10.	OFFICERS AND		11.		_		DITIONS/CH						
TITLE NAME. STREET ADDRESS CITY-ST-ZP	D KOSHIMBAYEVA, ROZAGUL 5802 TURKEY LAKE DRIVE ORLANDO, FL 32819	⊡ Delete			40: 580 ORL	20 25 au	gul T Turke do, F	"oyle y Lak L. 32	e ad 819	¶ Z /Ctenţ	je <u>Ļ</u> JAv	dation dation	
TITLE Name Street address City-St-ZP	D KOSHIMBAYEV, YERMEK 5802 TURKEY LAKE RD. ORLANDO, FL 32819	☐ Delete	R	:						☐ Cheux	e A	dition	
TITLE NAME STREET ADDRESS CITY-ST-2P		☐ Delete		E E ET address -ST -21P		~				Chang	je ∏A	dation	
TITLE RAMÉ STREET ADDRESS CITY-ST-ZP		☐ Delete	TIPU Nam Stre	<u> </u>						☐ Çhanç	je 🗌 Ai	ddition	
TITLE NAME STHEET ADDRESS CITY-ST-2P		☐ Delete	TITUI NAM STRE							Chanç	je 🗌 Ar	idition	
TITLE NAME STREET ADDRESS CITY-ST-ZP		☐ Delete	TITUL NAME STREET							☐ Chang	e 🗆 Ad	idition	
12. I hereby of indicated of the cor	i certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee emp or on an attachment with an address,	strue and accurate and that no owered to execute this report	the exer ny signat as requi	inption stat	ave the s	ame le	gal effect as	If made und	er oath: that	I am an offic	er or dire	ctor	