## FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 06, 2002 8:00 am Secretary of State DOCUMENT # P00000022578 1. Entity Name KRUPA FOOD, INC. 05-06-2002 90220 016 \*\*\*150.00 Principal Place of Business Mailing Address 2018 S CHICKASAW TR 2018 S CHICKASAW TR ORLANDO FL 32825 ORLANDO FL 32825 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3628993 Not Applicable \*Zip=\* \*\*\*\*\*\*\* - .5\*\* 5. Certificate of Status Desired \$8:75\*Additional 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MIRAHAJA, KIREN Street Address (P.O. Box Number is Not Acceptable) 3528 CURRY FORD ROAD ORLANDO FL 32806 City Zip Code . 21 / 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 FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 \$5.00 May Be (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 SD CR2E034 (9/01) ☐ Delete TITLE Addition MAHARAJA, KIRAN NAME STREET ADDRESS 3518 E. CURRYFORD RD. STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32806 CITY-ST-7IP ☐ Delete TITLE ☐ Change ■ Addition Maharaja, neeta k-STREET ADDRESS 3518 E. CURRYFORD RD. STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32806 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME MAHARAJA, NITABEN NAME STREET ADDRESS 3518 CURRY FORD RD STREET ADDRESS CITY-ST-7IF ORLANDO FL 32806 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME MAHARAJA, KIREN NAME STREET ADDRESS 3518 CURRY FORD RD STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32806 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition

13. I hereby certify that the information supplied with this filling 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 injustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

STREET ADDRESS

CITY-ST-ZIP

NAME

SIGNATURE:

STREET ADDRESS

CITY-ST-7IP

RINTED NAME OF SIGNING OFFICER OR DIRECTOR