## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** 

P00000022578

1. Entity Name KRUPA FOOD, INC.



## FILED Apr 25, 2003 8:00 am Secretary of State

04-25-2003 90308 025 \*\*\*150.00

|  |  |  |  |  |                       | 1             |   | ľ   |                            |  |                            |                 |
|--|--|--|--|--|-----------------------|---------------|---|---|----------------------------|--|----------------------------|-----------------|
| Principal Place of Business<br>2018 S CHICKASAW TR<br>ORLANDO FL 32825 |  |  |  | Mailing Address<br>2018 S CHICKASAW TR<br>ORLANDO FL 32825 |                       |               |   |   |                            |  |                            |                 |
|  | gwr s  |  | 3. Mailing Address Kiran Maharaja            |  |                       |               |   |   |                            |  | 818 11881 <b>8</b> 1411 1  | (388) (8)) 188( |
|  | E. CUNY  | y ford Rd  | Suite, Apt. #, etc.<br>2908, Summer Swan Dr. |  |                       |               | CHECK HERE IF MAKING CHANGES  |   |                            |  |                            |                 |
| Oriando, fionda  |  |  |  | Orlando, Florida   |                       |               |   | 4. FEI Number 59-3628993 Applied For Not Applicable |                            |  |                            |                 |
|  | Country<br>5 2 8 0 6 Country<br>6. Name and Address of Current F |  |  | Zip<br>32825-7404  |                       |               | <u> </u>  |   | Certificate of Status De   | - Siled  | <b>8.75</b> Addee, Require |                 |
|  |  | New  |  | 7. N   | ame and Address of    | ·             |   |   |                            |  |                            |                 |
|  | A, KIREN<br>RRY FORD F<br>D FL 32806                             | ROAD   |  |  |                       |               | Name MAYAIZAJA, KIRAN  Street Address (P.O. Box Number is Not Acceptable) 2908, Summer Swam Drive |   |                            |  |                            |                 |
| 51.24.55 12 5255   |  |  |  |  |                       |               | 04  | · ~ ~   | ~ do                       | FL   | Zip Cod                    | .s. 740 b       |
| the obligat  | named entity<br>tions of registe                                 | submits this statement for<br>ered agent.                          |  | ose of changing its  | registere             | ed office o   | r registere   |   | ent, or both, in the State | te of Florida. I am fa   |                            | and accept      |
| SIGNATURE  | Signature, typed   | or printed name of registered agent a                              |  |  | Registerer            | d Agent signa | ture required   |   |                            | DATE   | <del></del> _              | <del></del>     |
| ਤੋਂ Afte   | r May 1, 200   | FEE IS \$150.00<br>3 Fee will be \$550.00<br>Florida Department of |  | <del></del>  |                       |               | ]   | 9. Election Camp. Trust Fund Con                    |                            |  | <b>0</b> May Be<br>to Fees |                 |
| 10,  |  | OFFICERS AND   | DIRECTO                                      | I<br>DRS   | 11.                   |               |   | ADI   | DITIONS/CHANGES            | TO OFFICERS AND  | DIRECTORS                  | S IN 11         |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                  | SD<br>MAHARAJ<br>3518 E. C<br>ORLANDO                            | A, KIRAN<br>JRRYFORD RD.   |  | ☐ Delete   | TITLE<br>NAME<br>STRE |               |   |   |                            |  | ☐ Change                   | Addition        |
| TITLE NAME STREET AODRESS CITY-ST-ZIP                                  |  | A, NEETA K<br>URRYFORD RD.<br>FL 32806                             |  | ☐ Delete   |                       |               |   |   |                            |  | ☐ Change                   | Addition        |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                  |  | A, NITABEN<br>RY FORD RD<br>FL 32806                               |  | ☐ Delete   |                       |               |   |   |                            | e ta de la compania del compania de la compania de la compania del compania de la compania del compania de la compania de la compania de la compania de la compania del compania de la compania del compania del la compania del co | ☐ Change                   | · Addition ~    |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                  | DP<br>MAHARAJA<br>3518 CUR<br>ORLANDO                            | ry ford rd   |  | ☐ Delete   |                       |               |   |   |                            |  | Change                     | Addition        |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                  |  |  |  | ☐ Delete   |                       |               |   |   |                            |  | ☐ Change                   | Addition        |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                  | 5  |  |  | ☐ Delete   |                       |               |   | -   |                            | .,   | Change                     | Addition        |
| 01.1-01 ZIF  | L  |  |  |  | CITY-                 | - J1 - 411'   | L   | <u> </u>  |                            |  |                            |                 |

12. 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 10 or Block 11 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

CR2E034 (10/02)