

2004

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90304 045 ***150.00

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1. Entity Name

KRISHNA DEEP, INC



DO NOT WRITE IN THIS SPACE

44039276

2. Principal Place of Business
550 BURNS AVE3. Mailing Address
550 BURNS AVESuite, Apt. #, etc.
UNIT 125Suite, Apt. #, etc.
UNIT 125

DO NOT WRITE IN THIS SPACE

City & State
LAKE WALES, FLCity & State
LAKE WALES, FL4. FEI Number
59-3647860Applied For
Not ApplicableZip
33853

Country

Zip
33853

Country

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

PATEL, KULIN S

Street Address (P.O. Box Number is Not Acceptable)

550 BURNS AVE UNIT 125

City

LAKE WALES,

FL

Zip Code
33853

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

K. S. Patel, KULIN PATEL

APR 24/04

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

January 1 - May 1 Fees \$150.00

After May 1, Fees \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
PATEL, KULIN S
550 BURNS AVE UNIT 125
LAKE WALES, FL 33853

TITLE
NAME
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)