

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 23, 2001 8:00 am**
Secretary of State

01-23-2001 90077 029 ***150.00

DOCUMENT # P00000088563

1. Entity Name

KRISH ENTERPRISES, INC.

Principal Place of Business

**9817 TURF WAY, APT. #7
ORLANDO FL 32837**

Mailing Address

**9817 TURF WAY, APT. #7
ORLANDO FL 32837**

2. Principal Place of Business

Suite, Apt. #, etc.

1805 E. BROADWAYCity & State
ORLANDO, FLZip
32765

Country

U.S.A

3. Mailing Address

1805 E. BROADWAY

Suite, Apt. #, etc.

1805 E. BROADWAYCity & State
ORLANDO, FL

Zip

32765

Country

U.S.A

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3670983

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PATEL, DHARMESH**9817 TURF WAY, APT. #7
ORLANDO FL 32837**

Name

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

City

FL

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.

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
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
	PST			
	PATEL, DHARMESH			
	9817 TURF WAY, APT. #7			
	ORLANDO FL 32837			

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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 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

DHARMESH K. PATEL

01/10/01

Date

Daytime Phone #

(407)
971 9998

CR2E034 (10/00)