

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90121 019 ***150.00

DOCUMENT # P00000091171

1. Entity Name

MURPHY'S ARM PUB, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7124 Cantrell Ct.

3. Mailing Address
7124 Cantrell Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Orlando, FL

City & State
Orlando, FL

4. FEI Number
59-3671485

Applied For
Not Applicable

Zip
32835

Country

Zip
32835

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
Arvind Nandu

Street Address (P.O. Box Number is Not Acceptable)
7124 Cantrell Ct.

City Orlando **FL** **Zip Code** 32835

8. 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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

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|--|
| TITLE D NAME Arvind Nandu STREET ADDRESS 7124 Cantrell Ct. CITY-ST-ZIP Orlando, FL 32835 |
| TITLE D NAME Hemant C. Patel STREET ADDRESS 7124 Cantrell Ct. CITY-ST-ZIP Orlando, FL 32835 |
| TITLE D NAME Hitesh C. Patel STREET ADDRESS 7124 Cantrell Ct. CITY-ST-ZIP Orlando, FL 32835 |
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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 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 (12/01)