

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

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

05-29-2002 90737 029 \*\*\*150.00

DOCUMENT # P01000074603

1. Entity Name

JAY SHREE KRISHNA CORP

**DO NOT WRITE IN THIS SPACE**

B0123371

2. Principal Place of Business

101 S PALM AVENUE

3. Mailing Address

101 S PALM AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

HOWEY IN THE HILLS FL

City & State

HOWEY IN THE HILLS FL

Zip

Country

34737

Zip

Country

34737

4. FEI Number

59-3733634

Applied For

Not Applicable

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

ALPANA PATEL

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

101 S. PALM AVE

City

HOWEY IN THE HILLS FL

Zip Code

34737

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

Alpana Patel

ALPANA PATEL

5-22-02

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  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE  
NAME

PRESIDENT  
ALPANA PATEL

STREET ADDRESS  
CITY-ST-ZIP

101 S. PALM AVE HOWEY IN THE HILLS  
FL 34737

TITLE  
NAME

STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:

Alpana Patel ALPANA PATEL

Date

5-22-02 352-324-2989

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034B (12/01)