

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90171 022 ***150.00

DOCUMENT # P01000083734

1. Entity Name

HARI KRUPA HOSPITALITY, INC.

DO NOT WRITE IN THIS SPACE

90032278

2. Principal Place of Business

3. Mailing Address

211 S KINGSHIGHWAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PO BOX 607

City & State

City & State

SIKESTON MO

Zip

Country

Zip

Country

63801

USA

4. FEI Number

59-3740330

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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7. Name and Address of Current Registered Agent

Name

BRAHMBMATT, DEVANG V

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

830 LEE RD

City

ORLANDO

FL

Zip Code

32810

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$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

P
BAROT, BHARAT
1501 TUTTLE CREEK BLVD
MANHATTAN KS 66502-4565

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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NAME
STREET ADDRESS
CITY - ST - ZIP

T
BRAHMBMATT, DEVANG V
830 LEE RD
ORLANDO FL 32810

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

DEVANG BRAHMBMATT 2/19/03

704-525-2626

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #