

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90152 018 ***150.00

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DOCUMENT # P01000110839

1. Entity Name
JASMING FOOD, INC.



Principal Place of Business
**1127 MANATEE AVE EAST
BRADENTON FL 34208**

Mailing Address
**2977 SEASONS BLVD
SARASOTA FL 34240**

2. Principal Place of Business
1127 Manatee Ave E.

3. Mailing Address
2977 Seasons Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
BRADENTON FL

City & State
SARASOTA FL

4. FEI Number **65-1153810 65-1153673**

Applied For
Not Applicable

Zip **FL 34208** Country **USA**

Zip **34240** Country **USA**

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

6. Name and Address of Current Registered Agent

**PATEL, RANJAN
2977 SEASONS BLVD
SARASOTA FL 34240**

7. Name and Address of New Registered Agent

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

SIGNATURE *P. N. Patel* **PRAFUL PATEL**

4-21-3

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **PATEL, RANJAN**
STREET ADDRESS **2977 SEASONS BLVD**
CITY-ST-ZIP **SARASOTA FL 34240**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **PATEL, PRAFUL**
STREET ADDRESS **5305 17TH STREET WEST**
CITY-ST-ZIP **BRADENTON FL 34207**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *P. N. Patel* **PRAFUL PATEL**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-3 (941) 746 6144

Date

Daytime Phone #

CR2E034 (10/02)