

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

ATX1

**DOCUMENT #** P0800016684  
**1. Entity Name**  
 Maa Bhawani Food

FILED  
 09 APR 22 AM 11:11  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**  
 DBA Quick Serv 3871 Kingston Oaks Cove  
 Suite, Apt. #, etc.

**3. Mailing Address**  
 Suite, Apt. #, etc.

300151811983  
 04/22/09--01025--026 \*\*150.00  
 DO NOT WRITE IN THIS SPACE

**City & State**  
 Oviedo, FL

**City & State**

**Zip** 32765      **Country**

**4. FEI Number**  
 26-1976120

**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**  
 Mehan Vijay P

**Street Address (P.O. Box Number is Not Acceptable)**  
 3871 Kingston Oaks Cove

**City** Oviedo      **State** FL      **Zip Code** 32765

**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**  \$5.00 May Be Added to Fees  
 Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	PS Mehan Vijay P 3871 Kingston Oaks Cove Oviedo, FL 32765
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	VT Mehan Punam 3871 Kingston Oaks Cove Oviedo, FL 32765
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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:** VP      **407-295-4685**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #