

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90135 027 ***150.00

DOCUMENT # P93000041335

1. Entity Name
YOGI FOOD INCORPORATED

Principal Place of Business
5766 TURNWOOD COURT
JUPITER FL 33458

Mailing Address
9550 S OCEAN DRIVE #1300
JENSEN BEACH FL 34857
US 5766 TURNWOOD CT.
JUPITER, FL 33458

2. Principal Place of Business
YOGI FOOD INC.
 Suite, Apt. #, etc.
6545 KANNER HWY
 City & State
STUART, FL.

3. Mailing Address
YOGI FOOD INC.
 Suite, Apt. #, etc.
6545 KANNER HWY
 City & State
STUART, FL.



DO NOT WRITE IN THIS SPACE

Zip **34997** Country **MARTIN**

4. FEI Number **65-0417281**
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PATEL, NAYAN
35 BUXTON LN
BOYNTON BCH FL 33462

Name **PATEL YOGESH**
 Street Address (P.O. Box Number is Not Acceptable)
5766 TURNWOOD CT.
 City **JUPITER** FL Zip Code **33458**

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 *[Signature]* **3/21/01**
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when amending)
[Signature] **3/21/01**
 DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DT	<input type="checkbox"/> Delete
NAME	PATEL, YOGESH	
STREET ADDRESS	5766 TURNWOOD CT.	
CITY-ST-ZIP	JUPITER FL 33458	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	PATEL, NAYAN	
STREET ADDRESS	35 BUXTON LANE	
CITY-ST-ZIP	BOYNTON BEACH FL 33462	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	PATEL, RAJESH	
STREET ADDRESS	49848 COOKE	
CITY-ST-ZIP	PLYMOUTH MI	
TITLE	V	<input type="checkbox"/> Delete
NAME	PATEL, HARSHA	
STREET ADDRESS	5766 TURNWOOD CT	
CITY-ST-ZIP	JUPITER FL 33458	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature] **YOGESH PATEL**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/01 **561-343-8004**
 Date Daytime Phone #

CR2E034 (10/00)