

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000068209

1. Entity Name  
KIRSHNA INC.

**FILED**  
**Jan 23, 2001 8:00 am**  
**Secretary of State**

01-23-2001 90086 012 \*\*\*150.00

Principal Place of Business

1401 US HWY 92 W  
AUBURNDALE FL 33823  
US

Mailing Address

1401 US HWY 92 W  
AUBURNDALE FL 33823  
US

2. Principal Place of Business

1401 US HWY 92 W

3. Mailing Address

1401 US HWY 92 W

Suite, Apt. #, etc.

AUBURNDALE

City & State

FL

Zip

33823

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DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3331848

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

MAYER, CHARLES R  
1401 HIGHWAY 92 WEST  
AUBURNDALE FL 33823

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.

SIGNATURE

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)

**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	DP	<input type="checkbox"/> Delete
NAME	PATEL, CHIMAN	
STREET ADDRESS	1401 HIGHWAY 92 WEST	
CITY-ST-ZIP	AUBURNDALE FL 33823	
TITLE	ST	<input type="checkbox"/> Delete
NAME	PATEL, HANSA	
STREET ADDRESS	1401 HIGHWAY 92 WEST	
CITY-ST-ZIP	AUBURNDALE FL 33823	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>[Signature]</i>	
STREET ADDRESS		
CITY-ST-ZIP		
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NAME	<i>[Signature]</i>	
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)