

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

**FILED**  
**Apr 18, 2003 8:00 am**  
**Secretary of State**

04-18-2003 90194 026 \*\*\*150.00

DOCUMENT # P96000024936

1. Entity Name

KUSH INVESTMENT, INC



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
5858 COUNTRYSIDE DRIVE

3. Mailing Address  
5858 COUNTRYSIDE DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
TALLAHASSEE

City & State  
TALLAHASSEE

4. FEI Number 59-3373818

Applied For  
Not Applicable

Zip Country  
FL 32317

Zip Country  
FL 32317

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 ALKESH A AMIN

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

5858 COUNTRYSIDE DR

City TALLAHASSEE FL Zip Code 32317

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

*Alkesh A Amin*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/12/03

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  
NAME ALKESH A AMIN DIRECTOR  
STREET ADDRESS 5858 COUNTRYSIDE DR  
CITY-ST-ZIP TALLAHASSEE, FL 32317

TITLE NAME  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  
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TITLE NAME  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:

*Alkesh A Amin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/03

Date

Daytime Phone #

CR2E034B (12/02)