| 2000 UNIFORM BUSINESS REPORT (UBR) | | | | | FILED | | | |
|---|---|--|--|----------------------|--|--|---------------------------------|--|
| DOCUMENT # P96000042792 1. Entity Name | | | | | Feb 04, 2000 8:00 am Secretary of State | | | |
| KUSHAL | FOOD CORPORATION | | | { | | 000 90079 005 ***15 | | |
| Principal Plac | e of Business | Mailing Address | | | | | | |
| 2340 W. MAIN : LEESBURG FL : | | 2340 W. MAIN ST. LEESBURG FL 34748-4639 | | | 80013095 | | | |
| | | | _ | | 1 1 16 11161 11 0 1411 1 6 1111 11 111 | | | |
| | Iace of Business FLORA VIEW LAME #, etc. | 3. Mailing Address 600 FLORA NEW LANE Suite, Apt. #, etc. | | | DO NOT V | WRITE IN THIS SPACE | | |
| City & State LEGSBURG FL | | City & State LG CS BURK AL | | | 4. FE) Number 59-3380 | /40 | applied For lot Applicable | |
| Zip 3 hT l | Country | 3474 Y | Country | | 5. Certificate of Status Desire | ed \$8.75 Ad Fee Require | | |
| | 6. Name and Address of Current R | egistered Agent | Name | | 7. Name and Address of Ne | | | |
| DATEL DAVEGUA | | | | PATEL RAKESH (8) | | | | |
| 2340 | W. MAIN ST. BURG FL 34748 | | Sileer A | D D | P.O. Box Number is Not Accepta | EW LANE | | |
| | | | City L | -E E | s bur G | FL Zip Coo | de 1 4 8 | |
| 8. The above | named entity submits this statement for | the purpose of changing its re | egistered office a | registere | ed agent, or both, in the State o | f Florida. | | |
| SIGNATURE | / Chihate RA /Signature, typed or printed name of registered agent an | KESH PATEL d title if applicable. (NOTE. F | Registered Agent signat | ure required v | when reinstating) | 1-9-00 DATE | | |
| Tax filing r | reation is eligible to satisfy its Intangible equirement and elects to do so. ia on back) | FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of Sta | | 550.00 | 10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees | | | |
| 11. | OFFICERS AND D | | 12. | | ADDITIONS/CHANGES TO | | | |
| NAME CONTROL STREET ADDRESS CITY-ST-ZIP | D PATEL, RAKESH M 2340 W. MAIN ST. LEESBURG FL 34748 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 60 | EL PAKESH | M LANG | ☐ Addition | |
| TITLE | D D | ☐ Delete | TITLE | 17 | | □ Change | Addition | |
| NAME STREET ADDRESS CITY-ST-ZIP | PATEL, ALPANA R 2340 W. MAIN ST. LEESBURG FL 34748 | 22 2000 | NAME STREET ADDRESS CITY-ST-ZIP | 1 4 - | | R EW LANGE | | |
| TITLE . | CEEODONA (E 07/10 | ☐ Delete | TITLE | | | ☐ Change | ☐ Addition | |
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| STREET ADDRESS CITY-ST-ZIP | | | CITY-ST-ZIP | | | | | |
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| TITLE | | ☐ Delete | TITLE | | | ☐ Change | Addition | |
| NAME STREET ADDRESS CITY-ST-ZIP | <u> </u> | | NAME STREET ADDRESS CITY-ST-ZIP |) | | | | |
| indicated of the cor changed, | certify that the information supplied with to on this report or supplemental report is to poration or the receiver or trustee empoyor on an attachment with an address, with an address, with an address. | rue and accurate and that my vered to execute this report as th all other like empowered. | signature shall h s required by Cha | ave the saupter 607, | ame legal effect as if made und Florida Statutes; and that my n | der oath; that I am an office name appears in Block 11 c - 2 4 5 (352) | r or director or Block 12 if | |
| SIGNAT | URE: SIGNATURE AND TYPED OR PRI | THE NAME OF SIGNING OFFICER OF | SH AT | <u> </u> | | Daytime Phone * | | |