

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000055093

1. Entity Name

KISHAN, INC.

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90060 034 ***150.00

Principal Place of Business

Mailing Address

DAYS INN
 508 E MEMORIAL BLVD
 LAKELAND FL 33801
 US

116 LAKE THOMAS DRIVE
 WINTER HAVEN FL 33880-7104

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3181666

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MEHTA, JITENDRA U
 2127 EDGEWATER CIRCLE SE
 WINTER HAVEN FL 33880

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, 2000 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 Delete
 NAME D
 STREET ADDRESS PATEL, KSHAMA B
 CITY-ST-ZIP 534 GREENDALE DR
 JANESVILLE WI 53546

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME D
 STREET ADDRESS MEHTA, JITENDRA U
 CITY-ST-ZIP 2127 EDGEWATER CIRCLE, SOUTHEAST
 WINTER HAVEN FL 33880

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME D
 STREET ADDRESS AMIN, DILIP P
 CITY-ST-ZIP 2540 KNOX DR
 ROCKFORD IL 61114

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME D
 STREET ADDRESS PATEL, SUJATA H
 CITY-ST-ZIP 116 LAKE THOMAS DR
 WINTER HAVEN FL 33880

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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 addressee, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GENERAL MANAGER

4/7/00

(863)682-0303

Date

Daytime Phone #

CR2E034 (9/99)