FILED
Jun 18, 2002 8:00 am
Secretary of State

04-02-2002 90871 004 ***150.00

4/2

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000062544

1. Entity Name
NS FOOD 4 GIFTS INC

DO NOT WRITE IN THIS SPACE

[redacted]

59-3391863
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
5522 HANLEY Rd		5522 HANLEY Rd	
Suite, Apt. #, etc. #105		Suite, Apt. #, etc. #105	
City & State TAMPA FL		City & State TAMPA FL	
Zip 33634	Country	Zip 33634	Country

4. FEI Number ~~[illegible]~~ — Applied For / Not Applicable

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: VIJAYA SHANKAR
Street Address (P.O. Box Number is Not Acceptable): 5522 Hanley Rd #105
City: Tampa FL Zip Code 33634

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] 03/22/02
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) ☒

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE PD NAME SHANKAR VIJAYA STREET ADDRESS 5522 HANLEY Rd #105 CITY-ST-ZIP TAMPA FL-33634		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE VD NAME SHANKAR NAGU STREET ADDRESS 5522 HANLEY Rd #105 CITY-ST-ZIP TAMPA FL-33634		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 3/22/02 (813) 243-1522
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #