

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P 960000 63009

1. Entity Name

VIMIT FOOD, INC.

FILED

00 AUG 14 PM 2:39

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

Mailing Address

4121 E. SILVER SPRINGS BLVD
OCALA FL 34471

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

168 OAK GROVE CIR

Suite, Apt. #, etc.

LAKE MARY FL

Suite, Apt. #, etc.

32746

Suite, Apt. #, etc.

REINSTATEMENT

4. FEI Number

59-3390861

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

AMIL KAPADIA
4121 E. SILVER SPRINGS BLVD
OCALA FL 34471

Name

VISHAKHA SHAH

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

168 OAK GROVE CIR

City

LAKE MARY

FL

Zip Code

32746

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

V.D. Shah

500003369945-0

08/23/00-01082-030

***300.00 ***300.00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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 NAME ☐ Delete

NAME KAPADIA AMIL

STREET ADDRESS 1537 SHADY OAK DR

CITY-ST-ZIP KISSIMMEE FL 34744

TITLE NAME ☐ Delete

NAME KAPADIA INDU

STREET ADDRESS 1537 SHADY OAK DR

CITY-ST-ZIP KISSIMMEE FL 34744

TITLE NAME ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☒ Change ☐ Addition

NAME KAPADIA AMIL

STREET ADDRESS 1537 SHADY OAK DR

CITY-ST-ZIP KISSIMMEE FL 34744

TITLE NAME ☒ Change ☐ Addition

NAME KAPADIA MILKATH

STREET ADDRESS 2018 S-CHICKASAW TR

CITY-ST-ZIP OALAND FL 32825

TITLE NAME ☐ Change ☒ Addition

NAME VISHAKHA SHAH

STREET ADDRESS 168 OAK GROVE CIR

CITY-ST-ZIP LAKE MARY FL 32746

TITLE NAME ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ 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 address, with all other like empowered.

SIGNATURE:

V.D. Shah

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/6

Date

Daytime Phone #

CR2E034 (9/99)