## **2001 UNIFORM BUSINESS REPORT (UBR)**

Mailing Address

1537 SHADY OAK DR

KISSIMMEE FL 34744

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc

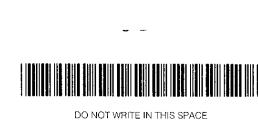
8. The above named entity spomits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida

## DOCUMENT # **P96000071073** 1. Entity Name SWITY FOOD, INC. Principal Place of Business

Country

FILED May 05, 2001 8:00 am Secretary of State

05-05-2001 90831 042 \*\*\*150.00



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

65-0689653

09-24-01

\$8.75 Additional

Applied For

Not Applicable

MAHARAJA, KIRAN S 1537 SHADY OAK DR KISSIMMEE FL 34744

changed, or on an attachmen

SIGNATURE AND

SIGNATURE:

1537 SHADY OAK DR

KISSIMMEE FL 34744

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

4. FEI Number

PCKCSau

5. Certificate of Status Desired

	ograduce, types of printed marile or registers of agent and t	ine ii applicatie. (1401L.	negisiered Agen, signati	e regairea when re	anstating)	DATE	=	1
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, 2001 Fee will be \$550.00 Make Check Payable to Department of State			ampaign Financing I Contribution.		<b>0</b> May Be I to Fees	
11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD KAPADIA, ANIL 1537 SHADY OAK DR KISSIMMEE FL 34744	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD SHAH, VISHAKHA D 2345 GARDENIA ROAD DELAND FL 34744	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STT SHAH 168 LAFE	VISHE OAK GO MARY	TKHA J 500e CK: FL.32	⊠ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	377 771 1314	courty K	ichadia kasawth	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE  NAME  STREET ADDRESS  CUTY-ST-7IP				☐ Change	☐ Addition

13. If 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 partial empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Country