

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90120 050 ***150.00

DOCUMENT # P97000040187

1. Entity Name

K . K FOOD OF NEPTUNE BEACH, INC.



Principal Place of Business

626 ATLANTIC BLVD
NEPTUNE BEACH FL 32233

32266

Mailing Address

626 ATLANTIC BLVD

NEPTUNE BEACH FL 32233

32266

2. Principal Place of Business

626 ATLANTIC BLVD

Suite, Apt. #, etc.

3. Mailing Address

626 ATLANTIC BLVD

Suite, Apt. #, etc.

City & State

JACKSONVILLE NEPTUNE BEACH FL

City & State

NEPTUNE BEACH, FL

Zip

32233

Country

U.S.A

Zip

32266

Country

U.S.A

4. FEI Number

59-3450257

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

MASOOD, KOLA

626 ATLANTIC BLVD

NEPTUNE BEACH FL 32266

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME D
STREET ADDRESS KOLA, MASOOD
CITY - ST - ZIP 626 ATLANTIC BLVD
NEPTUNE BEACH FL 32233 66

TITLE ☐ Delete
NAME D
STREET ADDRESS KARAN, SAVEED R
CITY - ST - ZIP 7617 VINELAND AVE
SUN VALLEY CA 91352

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REMASOOD KOLA

Date

Daytime Phone #

3/29/03

904 241 0544

CR2E034 (10/02)