

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2002 8:00 am
Secretary of State

04-15-2002 90066 044 ***150.00

0639092 SP

DOCUMENT # P97000057644

1. Entity Name
KRISHNA INC. OF MALABAR

Principal Place of Business Mailing Address **B**
1360 US HWY #1 1360 US HWY #1
MALABAR FL 32950 MALABAR FL 32950

DUUBBU36



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
2990 Ericusa Lane 2990 Ericusa Lane
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
INDIALANTIC FLORIDA INDIALANTIC FLORIDA

4. FEI Number Applied For
59-3455274 Not Applicable

Zip Country Zip Country
32903 U.S.A. 32903 U.S.A.

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

PATEL, PRAMOD
1360 US HWY #1
MALABAR FL 32950

Name
 Street Address (P.O. Box Number is Not Acceptable)
2990 ERICUSA LANE
 City **INDIALANTIC FL** Zip Code **32903**

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 _____ (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, 2002 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 STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	P PATEL, PRAMOD M 1360 US HWY #1 MALABAR FL 32950
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **PRAMOD PATEL** **4/03/02** **(321)777-7382**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)