

2002 UNIFORM BUSINESS REPORT (UBR)

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

04-15-2002 90066 044 ***150.00

0039092 SP

DOCUMENT # P97000057644

1. Entity Name

KRISHNA INC. OF MALABAR

Principal Place of Business

Mailing Address

B

**1360 US HWY #1
MALABAR FL 32950**

**1360 US HWY #1
MALABAR FL 32950**

00000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2990 Ericusa Lane

3. Mailing Address

2990 Ericusa Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

INDIALANTIC FLORIDA

City & State

INDIALANTIC FLORIDA

4. FEI Number

59-3455274

Applied For

Not Applicable

Zip

32903

Country

U.S.A.

Zip

32903

Country

USA

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

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)

☐

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
**P
PATEL, PRAMOD M
1360 US HWY #1
MALABAR FL 32950**

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☐ Change ☐ 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:

[Signature]

PRAMOD PATEL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/03/02

Date

(321)777-7382

Daytime Phone #

CR2E034 (9/01)