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

## Mar 05, 2001 8:00 am DOCUMENT # P97000062621 **Secretary of State** Entity Name KRISHNA INVESTMENTS INC. 03-05-2001 90287 007 \*\*\*150.00 Principal Place of Business Mailing Address 1078 SOUTH MOAGLAND BLVD 1078 SOUTH MOAGLAND BLVD KISSIMMEE FL 34743 KISSIMMEE FL 34743 2. Principal Place of Business 3. Mailing Address 1078 South HOLGLAND 1078 SOUTH HONGLAND Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3456765 RISSIMMEE KISSIMNEE FL Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WAHAB SHAIKH rua BA WAHAB, SHAIKH ABDUL Street Address (P.O. Box Number is Not Acceptable) 1078 SOUTH NOOPLAND BLVD SOUTH HOAGLAND KISSIMMEE FL 34743 Zip Code **34743** KISSIMMEE 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 Flurida Signature, typed or printed hame of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. **PSTD** CR2E034 (10/00 Change TITLE □ Delete TITLE WAHAB, SHAIKH ABDUL NAME NAME WATER SHAKU ABOUL STREET ADDRESS STREET ADDRESS 1517 13TH ST 1078 SOUTH HORGIAND BLVD CITY-ST-ZIP CITY-ST-ZIP ST. CLOUD FL 34769 KISSIMMER, FL 34743 □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITI F Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

changed, or on an attachment with an address, with all other like empowered.