

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000100361

1. Entity Name
KUSH CORPORATION

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90207 039 ***150.00

Principal Place of Business

539 S CHICKSAW TRAIL
ORLANDO FL 32828

Mailing Address

620 GOSHEN COURT
ORLANDO FL 32828-8537

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

1218 Elegance Ct

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32828

Country

Orange



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3484529

Applied For

Not Applicable

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

LAMB, RICHARD L
1517 20TH ST.
VERO BEACH FL 32961-6704

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.

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, 2000 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 ☐ Delete
NAME P
STREET ADDRESS SANDHYA K SHAH
CITY-ST-ZIP 620 GOSHEN CT
ORLANDO FL 32828

TITLE ☒ Change ☐ Addition
NAME 1218 Elegance Ct
STREET ADDRESS
CITY-ST-ZIP Orlando, FL 32828

TITLE ☐ Delete
NAME VP
STREET ADDRESS HASMUKH M PATEL
CITY-ST-ZIP 1206 KINGSWOOD LN
FORT PIERCE FL 34982

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

TITLE ☐ Delete
NAME T
STREET ADDRESS KIRIT R SHAH
CITY-ST-ZIP 620 GOSHEN CT
ORLANDO FL 32828

TITLE ☒ Change ☐ Addition
NAME 1218 Elegance Ct
STREET ADDRESS
CITY-ST-ZIP Orlando, FL 32828

TITLE ☐ Delete
NAME S
STREET ADDRESS PATEL, USHA H
CITY-ST-ZIP 1206 KINGSWOOD LN.
FT. PIERCE FL 34982

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Sandhya K. Shah SANDHYA K. SHAH
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/00 407-207-8050
Date Daytime Phone #

CR2E034 (9/99)