

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000024812

1. Entity Name

TASTE OF INDIA, INC.

Principal Place of Business

9251 S ORANGE BLOSSOM TRAIL  
BIB PLAZA, STE 10  
ORLANDO FL 32837

Mailing Address

9251 S ORANGE BLOSSOM TRAIL  
BIB PLAZA, STE 10  
ORLANDO FL 32837

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PATEL, PRABODH C  
815 ORIENTA AVE  
STE 6  
ALTAMONTE SPRINGS FL 32701

Name VINAY KANANI

Street Address (P.O. Box Number is Not Acceptable)

9251 SOUTH ORANGE BLOSSOM TRAIL #10  
BIB PLAZA, STE 10

City

ORLANDO

FL

Zip Code

32837

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

01/04/01

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, 2001 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

|                |                                     |                                            |
|----------------|-------------------------------------|--------------------------------------------|
| TITLE          | PD                                  | <input checked="" type="checkbox"/> Delete |
| NAME           | PATEL, NATAVARBHAI D                |                                            |
| STREET ADDRESS | 9251 S ORANGE BLOSSOM TRAIL, STE 10 |                                            |
| CITY-ST-ZIP    | ORLANDO FL 32837                    |                                            |
| TITLE          | S                                   | <input type="checkbox"/> Delete            |
| NAME           | KANANI, INDIRA                      |                                            |
| STREET ADDRESS | 9251 S ORANGE BLOSSOM TRAIL, STE 10 |                                            |
| CITY-ST-ZIP    | ORLANDO FL 32837                    |                                            |
| TITLE          | VP                                  | <input type="checkbox"/> Delete            |
| NAME           | KANANI, VINAY B                     |                                            |
| STREET ADDRESS | 9251 S ORANGE BLOSSOM TRAIL, STE 10 |                                            |
| CITY-ST-ZIP    | ORLANDO FL 32837                    |                                            |
| TITLE          |                                     | <input type="checkbox"/> Delete            |
| NAME           |                                     |                                            |
| STREET ADDRESS |                                     |                                            |
| CITY-ST-ZIP    |                                     |                                            |
| TITLE          |                                     | <input type="checkbox"/> Delete            |
| NAME           |                                     |                                            |
| STREET ADDRESS |                                     |                                            |
| CITY-ST-ZIP    |                                     |                                            |
| TITLE          |                                     | <input type="checkbox"/> Delete            |
| NAME           |                                     |                                            |
| STREET ADDRESS |                                     |                                            |
| CITY-ST-ZIP    |                                     |                                            |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                                      |                                                                              |
|----------------|--------------------------------------|------------------------------------------------------------------------------|
| TITLE          | PD                                   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | VINAY KANANI                         |                                                                              |
| STREET ADDRESS | 9251 S. ORANGE BLOSSOM TRAIL, STE 10 |                                                                              |
| CITY-ST-ZIP    | ORLANDO FL 32837                     |                                                                              |
| TITLE          | VPS                                  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | INDIRA KANANI                        |                                                                              |
| STREET ADDRESS | 9251 S. ORANGE BLOSSOM TRAIL, STE 10 |                                                                              |
| CITY-ST-ZIP    | ORLANDO FL 32837                     |                                                                              |
| TITLE          |                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                      |                                                                              |
| STREET ADDRESS |                                      |                                                                              |
| CITY-ST-ZIP    |                                      |                                                                              |
| TITLE          |                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                      |                                                                              |
| STREET ADDRESS |                                      |                                                                              |
| CITY-ST-ZIP    |                                      |                                                                              |
| TITLE          |                                      | <input type="checkbox"/> Change <input type="checkbox"/> 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:

VINAY KANANI  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/04/01

Date

Daytime Phone #

407 855 4622



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

0074966

**FILED**  
**Jan 22, 2001 8:00 am**  
**Secretary of State**

01-22-2001 90134 008 \*\*\*150.00