

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90063 035 ***150.00

DOCUMENT # **P 98000065273**

1. Entity Name

KVN FOOD, INC.

Principal Place of Business

Mailing Address

**2018 S. CHICKASAW TR
 ORLANDO FL 32825**

2. Principal Place of Business

3. Mailing Address

168 OAK GROVE CIR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

LAKE MARY FL

4. FEI Number

59-3523628

Applied For

Not Applicable

Zip

Country

Zip

32746

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VISHAKHA SHAH
 2018 S. CHICKASAW TR
 ORLANDO FL 32825**

Name

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

168 OAK GROVE CIR

City

LAKE MARY

FL

Zip Code

32746

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

V.D. Shah

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	PID	<input type="checkbox"/> Delete
NAME	ATIL KAPADIA	
STREET ADDRESS	1537 SHADY OAK DR	
CITY-ST-ZIP	KISSIMMEE FL 34745	
TITLE	VOID	<input type="checkbox"/> Delete
NAME	MILKANTH KAPADIA	
STREET ADDRESS	2018 S. CHICKASAW TR	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE	SITID	<input type="checkbox"/> Delete
NAME	VISHAKHA SHAH	
STREET ADDRESS	2018 S. CHICKASAW TR	
CITY-ST-ZIP	ORLANDO FL 32825	
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		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 a address, with all other like empowered.

SIGNATURE:

V.D. Shah

Signature, typed or printed name of signing officer or director

Date

Daytime Phone #

4/25 407-468-1673

CR2E034 (9/99)