

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90062 038 ***150.00

DOCUMENT # **P 98000065273**
Entity Name
KVN FOOD, INC

DO NOT WRITE IN THIS SPACE

Principal Place of Business
2018 S. CHICKASAW TR
Suite, Apt. #, etc.

3. Mailing Address
2018 S. CHICKASAW TR
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
ORLANDO FL
Zip
32825
Country

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ORLANDO FL
Zip
32825
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4. FEI Number
59-3523628
Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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7. Name and Address of Current Registered Agent
Name
MILKANTH - KAPADIA
Street Address (P.O. Box Number is Not Acceptable)
2018 S. CHICKASAW TR
City
ORLANDO FL Zip Code
32825

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 **A** **4/23/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
See criteria on back) ☐
January 1st - May 1st Fees \$150.00
After May 1st Fees \$550.00
Amended UBR \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

OFFICERS AND DIRECTORS

ADDRESS T-ZIP	P/D MILKANTH KAPADIA 2018 S. CHICKASAW TR ORLANDO FL 32825
ADDRESS T-ZIP	V/P/D ANIL KAPADIA 1537 SHADY OAK DR KISSIMMEE FL 34744
ADDRESS T-ZIP	S/I/D VISHAKHA SHAH 168 OAK GROVE CIRCLE LAKE MARY FL 32746
ADDRESS T-ZIP	
ADDRESS T-ZIP	
ADDRESS T-ZIP	

DO NOT WRITE IN THIS SPACE

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

SIGNATURE: **A** **04/24/02** **407-933-5300**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)