

DOCUMENT # P99000083418

1. Entity Name
SHRI KRISHNA, INC.

Principal Place of Business

7310 CATAMARAN DRIVE
ORLANDO FL 32835

Mailing Address

7310 CATAMARAN DRIVE
ORLANDO FL 32835

2. Principal Place of Business

1807 E. BROADWAY ST.

Suite, Apt. #, etc.

3. Mailing Address

2030 SUNSET TERRACE DR.

Suite, Apt. #, etc.

City & State
O.VIEDO FLORIDA

Zip
32765

Country
SEMINOLE

City & State
ORLANDO FLORIDA

Zip
32825

Country
ORANGE

4. FEI Number
59-3645061

APPLIED FOR

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

PATEL, DIPAK K
7310 CATAMARAN DRIVE
ORLANDO FL 32835

7. Name and Address of New Registered Agent

Name
PATEL, DIPAK K.

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

2030 SUNSET TERRACE DRIVE

City ORLANDO FL Zip Code 32825

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 Dipak K. Patel DIPAK K. PATEL PRESIDENT 1-6-2001
(NOTE: Registered Agent signature required when reinstating)

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 P ☐ Delete
NAME PATEL, DIPAK K
STREET ADDRESS 7310 CATAMARAN DR.
CITY-ST-ZIP ORLANDO FL 32835

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition
NAME PATEL, DIPAK K
STREET ADDRESS 2030 SUNSET TERRACE DR.
CITY-ST-ZIP ORLANDO, FL 32825

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

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

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

TITLE ☐ Change ☐ Addition
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: Dipak K. Patel DIPAK K. PATEL 1-6-2001-4073592121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
Jan 09, 2001 8:00 am
Secretary of State

01-09-2001 90050 041 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)