2009 UNIFORM BUSINESS REPORT (UBR)

FILED May 17, 2001 8:00 am Secretary of State

DOCUMENT # P99000103616				Secretary of State 05-17-2001 91327 043 ***150.00			
5.	YK FOOD, INC.			05-17-2001 91327 0	13 *** 150	1,00	
Principal Place of Business 1537 SHADY OAK OR 1537 SHADY K1551M MEE FL-34744 K1551MMEE FL-34744			OPK DR FL 34744	C0067308.	3		
Principal Place of Business 3. Mailing Address							
Suite, Apt	t. #, etc.	Suite, Apt. #, etc.	•	DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. FEI Number 59. 3611208	<u> </u>	pplied For lot Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Ad Fee Require		
	6. Name and Address of Currer	nt Registered Agent		7. Name and Address of New Registered	Agent		
VISH	AKKA SHAH		Name	Name			
1520 SHADY OPK OR			Street Address (P.O. Box Number is Not Acceptable)				
KISSMMEE FL 34744							
			City	FL	Zip Coc	Je .	
8. The above	e named entity submits this statement	for the purpose of changing its re	egistered office or regis	lered agent, or both, in the State of Florida.		_	
SIGNATURE	Signalure, typed or printed name of registered ager	t and title if applicable. (NOTE:	Registered Agent signature requ	med when reinstating) DATE		·	
Tax filing	oration is eligible to satisfy its Intangib requirement and elects to do so. aria on back)		FEE IS \$150.00 as 0 Fee will be \$550.00 a to Department of S	10. Election Campaign Financing Trust Fund Contribution.		00 May Be d to Fees	
11.	OFFICERS AND	DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS	ATTIL KAPADIA 1537 SHADY OAK	Delete	TITLE NAME STREET ADDRESS		Change	☐ Addition	
CITY-ST-ZIP	KISSIMMEE FL 34		CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-2IP	VP MILKANTH KAPADIA ROIX S. CHICKASAW ORLANDO-FL 3082	Delete 7 R 5	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SIT MOHAKHA SHAH 168 OAK GAOVE CI LAKE MARY FL 34	RC LG	TITLE NAME STREET ADDRESS CITY-ST-ZIP	•	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS	:	☐ Delete	TITLE NAME STREET ADDRESS		☐ Change	Addition	
CITY-ST-ZIP	·	☐ Delete	CITY-ST-ZIP TITLE		☐ Change	■ Addition	
NAME STREET ADORESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP				
13. I hereby c	ertify that the information supplied with	this filing does not qualify for th		Section 119.07(3)(i), Florida Statutes, Hurther cert	ily that the ir	nformation	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-27-0

467-933-135