

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

FILED
May 28, 2002 8:00 am
Secretary of State

05-06-2002 90172 050 ***150.00

DOCUMENT # **P 99000103616**
Entity Name

SIRK FOOD, INC.

30385

DO NOT WRITE IN THIS SPACE

Principal Place of Business
1537 SHADY OAK DR
Suite, Apt. #, etc.

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

DO NOT WRITE IN THIS SPACE

City & State
KISSIMMEE FL
Zip
34744

City & State
ORLANDO FL
Zip
32825

4. FEI Number
59-3611208
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

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 *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE
05-18-02

Is this corporation eligible to satisfy its intangible tax filing requirement and elects to do so.
(see criteria on back) ☐

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

OFFICERS AND DIRECTORS

PID
ANIL KAPADIA
ADDRESS
1537 SHADY OAK DR
City & State
KISSIMMEE FL 34744

VPI
MILKANTH KAPADIA
ADDRESS
2018 S. CHICKASAW TR
City & State
ORLANDO FL 32825

SIDI
VISHAKHA SHAH
ADDRESS
168 OAK GROVE CIRCLE
City & State
LAKE MARY FL 32746

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CR2E034B (12/01)

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/24/02

Date

407-933-5350

Daytime Phone #