

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

FILED

02 SEP -9 PM 12:35

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P99000103616

1. Entity Name

SNK FOOD, INC.

**DO NOT WRITE IN THIS SPACE**

800007666288--3  
-09/11/02--01055--018  
\*\*\*\*\*61.25 \*\*\*\*\*61.25

2. Principal Place of Business  
331 W. Silver Star Road  
Suite, Apt. #, etc.

3. Mailing Address  
331 W. Silver Star Road  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Ocoee, Florida

City & State  
Ocoee, Florida

4. FEI Number  
59-3611208

Applied For  
Not Applicable

Zip  
34761

Country  
USA

Zip  
34761

Country  
USA

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  
Paresh Patel

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

331 W. Silver Star Road

City  
Ocoee

FL

Zip Code  
34761

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

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

Paresh Patel

(NOTE: Registered Agent signature required when reinstating)

8/22/02

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
P, T, S. D  
Paresh Patel  
700 S. Blue Ford Road  
Ocoee, Florida 34761

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paresh Patel

8/22/02

Date

Daytime Phone #

407 654 3622

CR2E034B (12/01)

9/9/02