## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

V57325

(5)

SHUBH CORPORATION

District Place	f Duringa		ailing Address									
Principal Place of Business  V DISCOUNT BEVERAGE 775 S. NOVA RD. ORMOND BEACH FL 3					2174			٠.				
	EACH FL 32174						1	3. Date Incorporated or Qualified 08/10/1992	3a. Date o	3/21/1	995	
2. Principal Plac	e of Business	28.	. Mailing Address		-			4. FEI Number			Applied For	
1 (above)			(apire)					59-3138106	Not Applicable			
Suite, Apt. #, etc.			Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State		28	City & State					6. Election Campaign Financing Trust Fund Contribution		Adde	00 May Be ad to Fees	
' Zip	Country		Zip	Cour	ntry			8. This corporation has liability for i		under s	199.032,	
24	25	29	30				Ftorida Statutes Yes No  10. Name and Address of New Registered Agent					
	9. Name and Address of Currer	it Regis	stered Agent		241	NI		10. Name and Address of New R	egistered M	Jent		
_,				1	81	Name						
PATEL, SANATKUMAR A. 775 S. NOVA RD.					62	Street	Addres	Address (P.O. Box Number is Not Acceptable)				
	NOVA RD. ND BEACH FL 32174			83								
ONMO	AD DENOIT E GETTY				84	City			FL	85 Ž	ip Code	
11. Pursuant to	the provisions of Sections 607.050	2 and 6	07.1508, Florida Statute	s, the abo	ve r	named c	orporat	ion submits this statement for the pur	pose of char	ging its	registered office	
or registere familiar with	d agent, or both, in the State of Flori n, and accept the obligations of, Sec	па ъпс	on chance was antifolize	a by the c	orp	oranoris	s Doaru	of directors. I hereby accept the app	omerion bo	9,010		
SIGNATURE	Signature, typed or printed name of registered agen	t and title i	f andrable (NO)	'( : Registered	Ager	nt signature	required v	etian reinstating)	DATE			
12.	OFFICERS AN			13.				ADDITIONS/CHANGES TO OFF				
TILLE	D				1. 1 TITLE					Change	Addition	
NAME	PATEL, SANATKUMAR A.			1.2 N	AME							
STREET AUDRESS	775 S. NOVA RD.			1.3 S	IREE	T ADDRESS						
CITY-ST-ZIP	ORMOND BEACH FL 3217	4		1.4 CI	TY - 5	ST-ZIP	ļ			L Chan so	Addition	
TITLE	D		☐ DELETE	2.1 T	ITLE		Ì		L	Chan-je	. Magnion	
NAME	PATEL, MANJULA S.			2.2 N			ŀ					
STREET ADDRESS	775 S. NOVA RD.					T ADDRESS						
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NAME				32 N								
STREET ADDRESS						et address	)					
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TITLE			L. Decere	4.2 N				2000010		D-170		
NAME						T ADDRESS	,	<b>3000018</b> 1 -05/03/9601		7.5		
STREET ADDRESS						ST-ZIP		***200.80				
CITY - ST - ZIP			DELETE		TITLE					] Charg	e 🔲 Addition	
TITLE					IAME							
NAME STHEET ADDRESS				•		1 ADORES	s					
= :						ST-ZIP						
CITY-ST-ZIF			☐ DELETE		TITLE		1			) Chang	e 🔲 Addition	
NAME				621	NAME							
STREET ADDRESS				6.3 \$	STREE	ET ADDRESS	s					
CITY-ST-ZIP				6.4	CITY-	ST-ZIP						
Ulitral-zir	1			7 7 7 7 7 7 7 7	1 3 -	+ -	unlife fo	the exemption stated in Section 11	a OziGiiki. Elo	rida Sta	tutes. I further	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida S'atutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify 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 12 or Block 13 if changes on an attachment with an address.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR