

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 24, 2002 8:00 am**  
**Secretary of State**

05-24-2002 91279 037 \*\*\*\*70.00

**DOCUMENT # N00000002579**

1. Entity Name

**SOUTH FLORIDA TAMIL SANGAM, INC.**

Principal Place of Business

**11201 NW 46TH DRIVE  
 CORAL SPRINGS FL 33076**

Mailing Address

**11201 NW 46TH DRIVE  
 CORAL SPRINGS FL 33076**

2. Principal Place of Business

**617, Stanton Lane**

3. Mailing Address

**617, Stanton Lane**

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
**Weston, Florida**

City & State  
**Weston, Florida**

4. FEI Number  
**65-1002914**

Applied For  
 Not Applicable

Zip  
**33326**

Country  
**USA**

Zip  
**33326**

Country  
**USA**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NIRMAL, BHAVANI  
 330 S.W. 27TH AVENUE  
 SUITE 605  
 MIAMI FL 33135**

Name

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

City

**FL**

Zip Code

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD SUBRAHMANIAN, LAKSHMI 11851 NW 10TH PLACE CORAL SPRINGS FL 33028</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D NARAYANAN, USHA 18710 NW 77TH COURT MIAMI FL 33015</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD RATHINAVELU, PREMA 617 STANTON LANE WESTON FL 33326</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>JSD CHANDRASEKARAN, MADHU 4200 COMMUNITY DRIVE # 1204 WEST PALM BEACH FL 33409</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD SIVARAMAN, JAYASHREE 2960 RIVERSIDE DRIVE APT. 218 CORAL SPRINGS FL 33061</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD PONNUSWAMY, APPU 11201 NW 46TH DRIVE CORAL SPRINGS FL 33076</b>	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD ALAMELU, PALGHAT M. 3430 SW 52nd Street Ft. Lauderdale, FL 33312</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SHANKARAN, VELLIYUR 3546, Coco Lakes Drive Coconut Creek, FL 33073</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD PALANIAPPA, ARUN 4845 Kensington Circle Coral Springs, FL 33076</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>JSD NARAYANAN, SUNDARAM 18710, NW 77th Court Miami, FL 33105</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD RAMAJI, JANEVI 16529, SW 36th Court MIRAMAR, FL 33027</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD RATHINAVELU, APPU 617, Stanton Lane Weston, FL 33326</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *[Signature]* **RATHINAVELU** **4/29/02**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**954-262-1382**

CFR2E037 (9/01)

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