


**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90085 022 ****70.00

DOCUMENT # N 0000002579	
1. Entity Name South Florida Tamil Sangam, Inc	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 617, Stanton Lane Suite, Apt. #, etc.	3. Mailing Address 617, Stanton Lane Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State Weston, FL	City & State Weston, FL	4. FEI Number 65-1002914	Applied For Not Applicable
Zip 33326	Country U.S.A.	Zip 33326	Country U.S.A.
		5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent	
Name	Ms. NIRMAL, BHAVANI
Street Address (P.O. Box Number is Not Acceptable)	330 SW 27 Avenue, Suite # 605
City	Miami
State	FL
Zip Code	33135

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FEE IS \$61.25 Initial or Amended UBR	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Dr. RATHINAVELU, APPU, Ph.D. 617, Stanton Lane, Weston, FL-33326	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Dr. ALAMELU, PALGHAT M, M.D. 3430 SW, 52nd Street, Hollywood, FL-33019	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Mr. PALANIAPPA, ARUN 4845, Kensington Cir., Coral Springs, FL-33076	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Ms. RAMAJI, JANEVI 16529, SW 36th CT, Miramar, FL-33027	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JSD Mr. NARAYANAN, SUNDARAM 18710, NW 77th CT., Miami, FL-33015	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Dr. SUNDARAM, SHANTHI 2740 Long Meadow Dr, W. P. Beach, FL-33414	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

CR2E037B (12/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: 	Appu Rathinavelu	4/28/03	954-262-1382
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #