

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 04, 2000 8:00 am**  
**Secretary of State**  
 03-04-2000 90006 025 \*\*\*\*61.25

DOCUMENT # N95000005126

1. Entity Name

SHREE KRISHNA MANDIR INC.

Principal Place of Business

Mailing Address

545 SILVER COURSE RUN  
 Ocala FL 34472

545 SILVERCOURSE RUN  
 Ocala FL 34472

Ru

80021676

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3346345

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DASRATH RAMRUP  
 545 SILVER COURSE RUN  
 Ocala FL 34472

Name DASRATH RAMRUP

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

545 SILVER COURSE RUN

City

Ocala

FL

Zip Code

34472

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: *Dasrath Ramrup* DASRATH RAMRUP PRES. 2/4/2000  
 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 DP  
 NAME RAMRUP, DASRATH  
 STREET ADDRESS 545 SILVER COURSE RUN  
 CITY-ST-ZIP Ocala FL 34472 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ~~D~~  
 NAME MAHARAJ, Chandreka K  
 STREET ADDRESS 17623 N US HWY 301  
 CITY-ST-ZIP Citra FL 32113-2458 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
 NAME Ramrup, Tulsiedai  
 STREET ADDRESS 545 SILVER COURSE RUN  
 CITY-ST-ZIP Ocala FL 34472 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE T.  
 NAME ANOPIA Ramdhani  
 STREET ADDRESS 336 EMERALD RD.  
 CITY-ST-ZIP Ocala FL 34472 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ 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: *Dasrath Ramrup* DASRATH RAMRUP D.P. 687-2393  
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (9/99)