2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 12, 2001 8:00 am
Secretary of State
01-12-2001 90022 049 ****61.25

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DOCUMENT # N95000005126

1. Entity Name

SHREE KRISHNA MANDIR, INC.

Principal Place of Business	Mailing Address
545 SILVERCOURSE RUN OCALA FL 34472 US	545 SILVERCOURSE RUN OCALA FL 34472 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7206 HEMLOCK ROAD Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: OCALA FL	City & State
Zip: 34472 Country	Zip Country

4. FEI Number: 59-3346345 ☐ Applied For ☐ Not Applicable

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
RAMRUP, DASRATH 545 SILVERCOURSE RUN OCALA FL 34472	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	DP RAMRUP, DASRATH 545 SILVER COURSE RUN OCALA FL 34472	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MAHARAJ, CHANDREKA K 17623 N US HWY 301 CITRA FL 32113-2458	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RAMRUP, TULSIEDAI 545 SILVERCOURSE RUN OCALA FL 34472	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T RAMDHANI, ANOPIA 336 EMERALD RD OCALA FL 34472	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/S GANESSAR BHOWANIDIN 18195 SE 115 AVE. OCKLAWAHA FL 32179	☒ 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

CR2E037 (10/00)

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 SIGNATURE REQUIRED 1/7/2001 687-2393
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #