

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000007147

1. Entity Name

SANATAN MANDIR OF FLORIDA, INC.

Principal Place of Business

Mailing Address

1225 ABBERTON DR.
ORLANDO FL 32837

NO
2401 BELAIR CR
KISSIMMEE FL 34743
More

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
1225 Abberton Dr.
City & State
Orlando FL

Suite, Apt. #, etc.
1225 Abberton Dr.
City & State
Orlando FL

Zip
32837

Country
U.S.A

Zip
32837

Country
U.S.A

FILED
08-01-2002 901 69 029 11 70.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3610993

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

Sanatan Mandir of Florida Inc.
SINGH, SUSHEILA
2401 BELAIR CR
KISSIMMEE FL 34743
Orland FL 32837

7. Name and Address of New Registered Agent

Name Mahindranauth Seearam
Street Address (P.O. Box Number is Not Acceptable)
742 Citrus Cove Dr, Winter Garden
1225 Abberton Dr. FL 34787
City Orlando FL Zip Code 32837

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.

PD

SIGNATURE

Mahindranauth Seearam 07/29/02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

After September 13, 2002,
min. will be \$236.25.

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	SINGH, SUSHEILA	MOKE
STREET ADDRESS	2401 BEL-AIR CIRCLE	
CITY-ST-ZIP	KISSIMMEE FL 34743	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	MULCHAND, SEWRATTAN	MOKE
STREET ADDRESS	341 LARIAT LANE	
CITY-ST-ZIP	KISSIMMEE FL 34743	
TITLE	TD	<input type="checkbox"/> Delete
NAME	RAMESRA, MEERMATTIE	MOKE
STREET ADDRESS	3235 BOGGY TERRACE DR	
CITY-ST-ZIP	KISSIMMEE FL 34744	
TITLE	S	<input type="checkbox"/> Delete
NAME	RAMCHARRAN, RAMSARRAN	MOKE
STREET ADDRESS	9235 TOWER PINE DR	
CITY-ST-ZIP	WINTER GARDEN FL 34787	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mahindranauth Seearam	MOKE
STREET ADDRESS	742 Citrus Cove Dr.	
CITY-ST-ZIP	Winter Garden FL 34787	
TITLE	VPD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Baldat Latchman	MOKE
STREET ADDRESS	216 Browning Circle	
CITY-ST-ZIP	Kissimmee FL 34741	
TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mahadeo Hanoman	MOKE
STREET ADDRESS	13713 Hawk Lake Drive	
CITY-ST-ZIP	Orlando FL 34823	
TITLE	h-TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rajpatti Kishore	MOKE
STREET ADDRESS	431 Thunder Gulch Ct.	
CITY-ST-ZIP	Orlando FL 32824	
TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Outram Jagannan	MOKE
STREET ADDRESS	1305 Ocala Woods Lane	
CITY-ST-ZIP	Orlando FL 32824	
TITLE	Priest	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ramnarain Hanoman	MOKE
STREET ADDRESS	1225 Abberton Drive	
CITY-ST-ZIP	Orlando FL 32837	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 REQUIRED Mahindranauth Seearam

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/29/02

457-261-4282

7/29/02

CR2E037 (4/02)

MOKE