

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 15, 2003 8:00 am**  
**Secretary of State**

DOCUMENT # **N97000007147**

1. Entity Name  
**SANATAN MANDIR OF FLORIDA, INC.**



01-15-2003 90100 001 \*\*\*\*61.25  
01-15-2003 90100 002 \*\*\*\*8.75

Principal Place of Business

**1225 ABBERTON DR.  
ORLANDO FL 32837**

Mailing Address *This address we use no more*  
**2401 BELAIR CR  
KISSIMEE FL 34743**

**55001204**

2. Principal Place of Business

**1225 Abberton Drive**  
Suite, Apt. #, etc. *J*

3. Mailing Address

**1225 Abberton Drive**  
Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State

**Orlando FL**

City & State

**Orlando FL**

4. FEI Number **59-3610993**

Applied For

Not Applicable

Zip

**32837**

Country **U.S.A**

**Orange**

Zip

**32837**

Country **U.S.A**

**Orange**

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

6. Name and Address of Current Registered Agent

**SEARAM, MAHINDRANAUTH  
742 CITRUS COVE DR  
WINTER GARDEN FL 34787**

7. Name and Address of New Registered Agent

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

SIGNATURE

*Mahindranauth Season*

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

(NOTE: Registered Agent signature required when reinstating)

**01/13/03**  
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 Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	SEEARAM, MAHINDRANAUTH	
STREET ADDRESS	742 CITRUS COVE DR	
CITY-ST-ZIP	WINTER GARDEN FL 34787	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	LATCHMAN, BALDT	
STREET ADDRESS	216 BROWNING CIRCLE	
CITY-ST-ZIP	KISSIMEE FL 34741	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HANOOMAN, MAHADEO	
STREET ADDRESS	13713 HAWK LAKE DRIVE	
CITY-ST-ZIP	ORLANDO FL 34823	
TITLE	ATD	<input type="checkbox"/> Delete
NAME	KISHORE, RAJPATTI	
STREET ADDRESS	431 THUNDER GULCH CT	
CITY-ST-ZIP	ORLANDO FL 32824	
TITLE	S	<input type="checkbox"/> Delete
NAME	JAGNANAN, OUTRAM	
STREET ADDRESS	1305 OCALA WOODS LANE	
CITY-ST-ZIP	ORLANDO FL 32824	
TITLE	P	<input type="checkbox"/> Delete
NAME	HANOMAN, RAMNARAIN	
STREET ADDRESS	1225 ABBERTON DR.	
CITY-ST-ZIP	ORLANDO FL 32837	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E037 (10/02)

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 REQUIRED** *Mahindranauth Season*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR