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

FILED
May 21, 2002 8:00 am
Secretary of State
05-21-2002 90883 021 ****61.25

DOCUMENT # N99000007674

1. Entity Name
VIVEK WELFARE AND EDUCTIONAL FOUNDATION, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5200 Vineland Rd.	5200 Vineland Road
Suite, Apt. #, etc.: STE 200	Suite, Apt. #, etc.: STE 200
City & State: Orlando FL	City & State: Orlando FL
Zip: 32811 Country: US	Zip: 32811 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3629507 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current 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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25
Initial or Amended UBR

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	DP
NAME	Aggarwal Braham R
STREET ADDRESS	5200 Vineland Rd, STE 200
CITY-ST-ZIP	Orlando FL 32811
TITLE	D
NAME	Aggarwal Avanish M
STREET ADDRESS	5200 Vineland Rd STE 200
CITY-ST-ZIP	Orlando FL 32811
TITLE	DT
NAME	Gupta Suresh
STREET ADDRESS	5200 Vineland Rd STE 200
CITY-ST-ZIP	Orlando FL 32811
TITLE	VP
NAME	Mark Brewer
STREET ADDRESS	P O Box 2071
CITY-ST-ZIP	Orlando FL 32802
TITLE	D
NAME	mahesh J mehta
STREET ADDRESS	43 Valley Rd
CITY-ST-ZIP	Needham MA 02192
TITLE	Sec
NAME	Rana Tiwari
STREET ADDRESS	P O Box 677906
CITY-ST-ZIP	Orlando FL 32867-7906

TITLE	D Add
NAME	Vinod Prakash
STREET ADDRESS	5821 Mossrock Road
CITY-ST-ZIP	North Bethesda Maryland 20852
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #