

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000002579

**Entity Name:** SOUTH FLORIDA TAMIL SANGAM, INC.

**Current Principal Place of Business:**

16500 SW 39TH STREET  
MIRAMAR, FL 33027

**Current Mailing Address:**

16500 SW 39TH STREET  
MIRAMAR, FL 33027 US

**FEI Number: 65-1002914**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

KUMAR, SENTHIL  
16500 SW 39TH STREET  
MIRAMAR, FL 33027 US

*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: SENTHIL KUMAR**

**04/29/2021**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            MUTHUSWAMY, HARI  
Address        346 EASTWOOD TERRACE  
City-State-Zip: BOCA RATON FL 33431

Title            VP  
Name            ARAVAMUDHAN, ANURADHA  
Address        16456 SW 20TH ST  
City-State-Zip: MIRAMAR FL 33027

Title            SECRETARY  
Name            KUMAR, SENTHIL  
Address        16500 SW 39TH STREET  
City-State-Zip: MIRAMAR FL 33027

Title            JOINT SECRETARY  
Name            MANICKAM, UMADEVI  
Address        19116 SENECA AVENUE  
City-State-Zip: WESTON FL 33332

Title            TREASURER  
Name            KANAGAVELU, HARI KUMAR  
Address        5883 NW 123 AVENUE  
City-State-Zip: CORAL SPRINGS FL 33076

Title            JOINT TREASURER  
Name            JEEVAKAN, LEENA  
Address        6192 NW 108TH WAY  
City-State-Zip: PARKLAND FL 33076

Title            DIRECTOR  
Name            KOTTAISWAMY, KRISHNAN  
Address        8440 S DIXIE HIGHWAY, APT 1412  
City-State-Zip: MIAMI FL 33143

Title            DIRECTOR  
Name            ANILKUMAR, CHITRA  
Address        7825 SW 103RD PLACE  
City-State-Zip: MIAMI FL 33173

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: HARI KANAGAVELU**

**TREASURER**

**04/29/2021**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name DURAISAMY, LAKSHMANAN  
Address 4082 TIMBER COVE LANE  
City-State-Zip: WESTON FL 33332

Title DIRECTOR  
Name KUMARAVEL, AMARAVATHI  
Address 3696 MIRAMONTES CIRCLE  
City-State-Zip: WELLINGTON FL 33414

Title DIRECTOR  
Name RAVIKUMAR, USHANANDHINI  
Address 1866 SW 163RD STREET  
City-State-Zip: MIRAMAR FL 33027

Title DIRECTOR  
Name BALASUBRMANIAN, SRIVATHS  
Address 2264 SLOANE PLACE  
City-State-Zip: WELLINGTON FL 33414