

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

DOCUMENT # F00000005235

1. Entity Name

Vedic Cultural Association Inc.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
02 JUL 12 AM 10:37

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

865 NE 149<sup>th</sup> St.

3. Mailing Address

865 NE 149<sup>th</sup> St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

North Miami, FL

City & State

North Miami, FL

Zip

33161

Country

USA

Zip

33161

Country

USA

4. FEI Number

95-3943167

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Ben Bastos

Street Address (P.O. Box Number is Not Acceptable)

865 NE 149<sup>th</sup> St.

City

North Miami

FL

Zip Code

33161

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

*Ben Bastos*

*Ben Bastos*

7-8-2

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  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
ST  
Ventura Joseph  
9511 Shermer Road  
Morton Grove, IL 60053

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
VD  
Zakheim Shakuntala  
3765 Watseka Ave #6  
Los Angeles, CA 90034

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
PCD  
Higgins James 3rd  
3765 Watseka Ave. #5  
Los Angeles, CA 90034

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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\*\*\*\*\*70.00 \*\*\*\*\*70.00

CR2ED37B (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)(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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*James Higgins*

James Higgins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/2/2

Date

305-562-0535

Daytime Phone