

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

DOCUMENT # F00000005237

1. Entity Name

The Hari Nama Mission (Mission of the Divine Name) Inc.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 JUL 12 AM 10:52

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10 Guadalupe Dr.

Suite, Apt. #, etc.

3. Mailing Address

865 NE 149th St.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

El Dorado Hills, CA

Zip

95762

Country

USA

City & State

North Miami, FL

Zip

33161

Country

USA

4. FEI Number

680318273

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Spring Wallace

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

865 NE 149th St.

City

North Miami

FL

Zip Code

33161

**DO NOT WRITE
IN THIS SPACE**

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)

7-8-02

DATE

FEE IS \$81.25

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

POD

Das, Veda Gohya

10 Guadalupe Dr.

El Dorado Hills, CA 95762

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SD

Langevin, Joseph

3722 Delmas Terrace #5

Los Angeles, CA 90034

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TD

King, Michael

9175 Greenback Lane #166

Orangevale, CA 95662

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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07/25/02 01037-012

*****70.00 *****70.00

**DO NOT WRITE
IN THIS SPACE**

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:

Joseph Langevin

Joseph Langevin SD

7-9-02

Date

305-562-0535

Daytime Phone

CR2E037B (12/01)