

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

DOCUMENT # F01000000235

1. Entity Name

Krishnaloka Inc.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 JUL 12 AM 10:41

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

865 NE 149th St.

Suite, Apt. #, etc.

3. Mailing Address

865 NE 149th St.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

North Miami, FL

Zip

33161

Country

USA

City & State

North Miami, FL

Zip

33161

Country

USA

4. FEI Number

770415466

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Ben Bastos

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

865 NE 149th St.

City

North Miami

FL

Zip Code

33161

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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

Ben Bastos

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

Ben Bastos

(NOTE: Registered Agent signature required when re-registering)

7-8-2

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	STD
NAME	Das, Bob
STREET ADDRESS	40735 Cherokee Oaks Dr.
CITY-ST-ZIP	Three Rivers, CA 93271
TITLE	VD
NAME	Higgins, James 3rd
STREET ADDRESS	3765 Watseka Ave. #5
CITY-ST-ZIP	Los Angeles, CA. 90034
TITLE	PCD
NAME	Matlock, Michael
STREET ADDRESS	821 N. Eucalyptos Ave. #13
CITY-ST-ZIP	Engelwood, CA 90362
TITLE	
NAME	
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CITY-ST-ZIP	

**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:

James Higgins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James Higgins

Date

6/2/2

Daytime Phone #

305-5620535

CRZE037B (12/01)