

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 JUL 12 AM 10:34

DOCUMENT # F01000002116

1. Entity Name

Gaudiya Vaisnava Society Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1307 Church St.

Suite, Apt. #, etc.

3. Mailing Address

865 NE 149th St.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

San Francisco, CA

City & State

North Miami, FL

4. FEI Number

943004282

Applied For  
Not Applicable

Zip

94114

Country

USA

Zip

33161

Country

USA

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

**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

Ben Bastos

(NOTE: Registered Agent signature required when reinstating)

7-8-2

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  
P  
Tripurari, Swami  
22001 Panarama  
Philo, CA.

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
Tolia, Chirat  
22001 Panarama  
Philo, CA.

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
Hansteen, Wren  
22001 Panarama  
Philo, CA.

TITLE  
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\*\*\*\*\*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)(j), 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

Swami Tripurari

Date

Daytime Phone #

305-562-0535

CR2E037B (12/01)