

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000001440

1. Entity Name

INTERNATIONAL SOCIETY OF DIVINE LOVE (INCORPORATED)

Principal Place of Business

Mailing Address

400 BARSANA RD.  
AUSTIN TX 78737

400 BARSANA RD.  
AUSTIN TX-78737

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

74-2673063

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PASULA, MARK  
2220 N. 47TH AVE.  
HOLLYWOOD FL 33021

Name

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

City

FL

Zip Code

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)

DATE

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                                                |                                                          |                                 |                                                |                                  |                                                                                                           |
|------------------------------------------------|----------------------------------------------------------|---------------------------------|------------------------------------------------|----------------------------------|-----------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PMD<br>DEVI, MEERA<br>400 BARSANA RD.<br>AUSTIN TX 78737 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PMD<br>Devi, Sureshiwari<br>same | <input checked="" type="checkbox"/> Change<br><input type="checkbox"/> Addition<br>name<br>change<br>only |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VMD<br>DASI, PRIYA<br>400 BARSANA RD.<br>AUSTIN TX 78737 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Vm<br>Devi Prabhakari            | <input checked="" type="checkbox"/> Change<br><input type="checkbox"/> Addition<br>name<br>change<br>only |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>DEVI, RAJANA<br>400 BARSANA RD.<br>AUSTIN TX 78737  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>Devi Vishwambhari           | <input checked="" type="checkbox"/> Change<br><input type="checkbox"/> Addition<br>name<br>change<br>only |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | STD<br>BECKER, DON<br>400 BARSANA RD.<br>AUSTIN TX 78737 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                          | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                          | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                         |

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Don Becker 4/9/02 (512) 288-7180

Date

Daytime Phone #

FILED  
May 05, 2002 8:00 am  
Secretary of State

05-05-2002 90061 003 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

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