

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90099 036 ****61.25

DOCUMENT # F99000003882

1. Entity Name

SUBHAG STREE MANDAL INTERNATIONAL, INC.



Principal Place of Business

**1330 N.E. 48TH COURT
OAKLAND PARK FL 33334**

Mailing Address

**1330 N.E. 48TH COURT
OAKLAND PARK FL 33334**

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 **NOT APPLICABLE**
65-0964066

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**JOB, CAROLINE B
1330 48TH COURT
OAKLAND PARK FL 33334**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	CD	☐ Delete
NAME	JOB, CAROLINE	
STREET ADDRESS	1330 NE 48TH COURT	
CITY-ST-ZIP	OAKLAND PARK FL	
TITLE	VD	☐ Delete
NAME	GILBERT, ELISE	
STREET ADDRESS	2015 S.W. 25TH TERRACE	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	D	☐ Delete
NAME	ROY, NISHA	
STREET ADDRESS	7 ADELAIDE ROAD	
CITY-ST-ZIP	MIDDLESEX TW5 9AG UK	
TITLE	D	☐ Delete
NAME	JOB, RAJAN	
STREET ADDRESS	1330 N.E. 48TH COURT	
CITY-ST-ZIP	OAKLAND PARK FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

2. 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:

SUBHAG STREE MANDAL **Caroline B Job**, January 6th 2003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)