

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N000000000008

1. Entity Name

POINCIANA HINDU MANDIR INC.

Principal Place of Business

939 GLOUCESTER COURT
KISSIMMEE FL 34758

Mailing Address

939 GLOUCESTER COURT
KISSIMMEE FL 34758

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

59-3619772

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DEOPERSAUD, RAMNARINE
939 GLOUCESTER COURT
KISSIMMEE FL 34758

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.

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

TITLE PD
NAME GURDIAL, MADAN
STREET ADDRESS 216 GRIFFORD DR.
CITY-ST-ZIP KISSIMMEE FL ☐ Delete

TITLE D
NAME DEOPERSAUD, RAMNARINE
STREET ADDRESS 939 GLOUCESTER COURT
CITY-ST-ZIP KISSIMMEE FL 34758 ☐ Delete

TITLE D
NAME KANHAI, RAJESH
STREET ADDRESS 119 NEWHAM WAY
CITY-ST-ZIP KISSIMMEE FL 34758 ☐ Delete

TITLE V
NAME RAMKALAWAN, RONALD
STREET ADDRESS 411 BALL COURT
CITY-ST-ZIP KISSIMMEE FL 34759 ☐ Delete

TITLE S
NAME DEOPERSAUD, PARMILA
STREET ADDRESS 939 GLOUCESTER COURT
CITY-ST-ZIP KISSIMMEE FL 34758 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

Madan Gurdial
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/03/00 (407) 932-1514
Date Daytime Phone #