

2001 UNIFORM BUSINESS REPORT (UBR)

5/

FILED
May 23, 2001 8:00 am
Secretary of State

05-01-2001 90051 015 ****61.25

DOCUMENT # N00000001563

1. Entity Name

PANDIT JASRAJ SCHOOL OF MUSIC FOUNDATION INC

Principal Place of Business

Mailing Address

8910 N. DALE MABRY HWY. STE. 37
TAMPA FL 33614

8910 N. DALE MABRY HWY. STE. 37
TAMPA FL 33614

T U U A U

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

59-3649887

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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

GOVINDARAJU, RUDRAPATNA
17701 SIMMS RD.
ODESSA FL 33614

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	P D	PRESIDENT	<input type="checkbox"/> Delete
NAME		PANDIT JASRAJ	
STREET ADDRESS		402 SHIV KARAN, PANCH NARS	
CITY-ST-ZIP		NEW YARI RD, VERSOVA, MUMBAI 40001 India	
TITLE	V P	CEO/PRINCIPAL	<input type="checkbox"/> Delete
NAME		KALA RATINATH	
STREET ADDRESS		31 B/108 MANISH CHAITALI CO-OP. II SOCIETY	
CITY-ST-ZIP		MANISH NAGAR, ANDHERI, MUMBAI 400058 India	
TITLE	DT	DIRECTOR	<input type="checkbox"/> Delete
NAME		R. G. RATU	
STREET ADDRESS		8910 N DALE MABRY STE 38	
CITY-ST-ZIP		TAMPA, FL 33614, USA	
TITLE	DS	HON. DIRECTOR	<input type="checkbox"/> Delete
NAME		J. S. LAHWANI	
STREET ADDRESS		5455 BLUE HERON LN	
CITY-ST-ZIP		WESLEY CHAPEL, FL 33543, USA	
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/01

Date

813-546-5179

Daytime Phone #

CR2E037 (10/00)