

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N00000001563

1. Entity Name
PANDIT JASRAJ SCHOOL OF MUSIC FOUNDATION INC



FILED

07 MAY 21 AM 7:38

CLERK OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
ONE TAMPA CITY CENTER
SUITE 2505
TAMPA, FL 33602

Mailing Address
ONE TAMPA CITY CENTER
SUITE 2505
TAMPA, FL 33602



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05172007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-3649887

Applied For
Not Applicable

Zip

Country

Zip

Country

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

PUNWANI, AMEET
ONE TAMPA CITY CENTER
SUITE 2505
TAMPA, FL 33602

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.

Ameet A. Punwani Registered Agent

DATE

5/17/07

(NOTE: Registered Agent signature required when reinstating)

Amended AR 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 PD ☐ Delete
NAME JASRAJ, PANDIT
STREET ADDRESS 402 SHIV KARAN, PANCH MARS
CITY-ST-ZIP NEW YARI, VERSONA, NUMBAI, IN 400061

TITLE VP ☒ Delete
NAME RAMNATH, KALA
STREET ADDRESS 31 B/108 MANISH CHAITALI CO OP H SOCIETY
CITY-ST-ZIP MANISH NAGAR, ANDHERI, IN 400058

TITLE DT ☒ Delete
NAME RAJU, R G
STREET ADDRESS 3105 WEST WATERS AVENUE SUITE 105
CITY-ST-ZIP TAMPA, FL 33614

TITLE DS ☐ Delete
NAME LALWANI, J S
STREET ADDRESS ONE TAMPA CITY CENTER SUITE 2505
CITY-ST-ZIP TAMPA, FL 33602

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
900104108859
105/08/07--01013--024 **61.25

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

5/17/07
Date

813-817-0874
Daytime Phone #