

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2002 8:00 am
Secretary of State

0082058

DOCUMENT # N00000002028

1. Entity Name

ASHA INTERNATIONAL MINISTRIES, INC.

03-31-2002 90356 031 ****61.25

Principal Place of Business

Mailing Address

**910 E FINDLEY AVE
 EAGLE LAKE FL 33839**

**P.O. BOX 1529
 EAGLE LAKE FL 33839**

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 **31-1703237**

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

**MATHEW, SAMUEL
 910 E FINDLEY AVE
 EAGLE LAKE FL 33839**

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
 NAME **PD MATHEW, SAMUEL** ☐ Delete
 STREET ADDRESS **910 E FINDLEY AVE**
 CITY-ST-ZIP **EAGLE LAKE FL 33839**

TITLE **SD** ☒ Change ☐ Addition
 NAME **Joseph Callihan**
 STREET ADDRESS **8830, 140 St N**
 CITY-ST-ZIP **Seminole, FL 33776**

TITLE
 NAME **TT STANGER, EDNA** ☐ Delete
 STREET ADDRESS **910 E FINDLEY AVE**
 CITY-ST-ZIP **EAGLE LAKE FL 33839**

TITLE **VP** ☐ Change ☒ Addition
 NAME **Umapada Dey**
 STREET ADDRESS **846 Cinnamon Dr**
 CITY-ST-ZIP **Winterhaven, FL 33880**

TITLE
 NAME **SD LESTER, HARVEY DR** ☒ Delete
 STREET ADDRESS **5726 DEER TRACKS TRAIL**
 CITY-ST-ZIP **LAKELAND FL 33811**

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

TITLE **SD** ☐ Delete
 NAME **Joseph Callihan**
 STREET ADDRESS **8830, 140 St N**
 CITY-ST-ZIP **Seminole, FL 33776**

TITLE
 NAME
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TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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:

SAMUEL MATHEW
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/02
 Date

863-299 8470
 Daytime Phone #

CR2E037 (9/01)