DOCUMENT # N0000003895 1. Entity Name

HARE KRISHNA CENTER OF THE PALM BEACHES INC.

FILED
Apr 27, 2001 8:00 am
Secretary of State
04-27-2001 90231 005 ****61.25

Principal Plac	ce of Business	3	Mailing Address	<u></u>	<u>.</u>	1					
C/O SUSAN MUSA 962 SUMTER RD. EAST WEST PALM BEACH FL 33415		C/O SUSAN MUSA 962 SUMTER RD. EAST WEST PALM BEACH FL 33415				,					
2. Principal F	Place of Busin	ess	3. Mailing Address								
Suite, Apt, #, etc.			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State			City & State			4. FEI Number Applied For S - 101 - 8572 Not Applicable					7
Zip Country		Zip Country			5. Certificate of Status Desired S8.75 Additional Fee Required					1	
6. Name and Address of Current			legistered Agent			7. Name and	Address of New F	Registered	Agent	-	1
	. ~ -	The second second		Name				-			1_
MUSA, SUSAN REV.				Street Addres		ss (P.O. Box Number is Not Acceptable)					
	TER ROAD	EAST		<u> </u>							1
WEST PALM BEACH FL 33415				City					Zin Cod		1
				City				FL	FL Zip Code		
8. The above	named entity	submits this statement for	the purpose of changing its re	egistered office o	or register	ed agent, or botl	n, in the state of Fk	orida.			
SIGNATURE ,		or printed name of registered agent an	d title if applicable. (NOTE:	Registered Agent signa	ture required	when reinstating)		DATE			
		,				· · · · · · · · · · · · · · · · · · ·					┨
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution.									
					\$5.0 Added	0 May Be I to Fees			Payable to t of State	•	
10.		\$61.25	Trust Fund Contribut	ion. 🔲	Added	I to Fees	De	partment	of State		
10.	FEE IS		Trust Fund Contribut		Added	ADDITIONS/CHA	De	partment	of State	10 _	1
	FEE IS	\$61.25 OFFICERS AND DIRE	Trust Fund Contribut	ion	Added	ADDITIONS/CHA	De INGES TO OFFICE artinez	Partment	of State		(00/04
TITLE	FEE IS D MUSA, SL	\$61.25 OFFICERS AND DIRE	Trust Fund Contribut	11.	Added	ADDITIONS/CHA	De NGES TO OFFICE artinez Unoqton t	Partment	of State	10 _	27 (40,000)
TITLE NAME	D MUSA, SU 962 SUMT	\$61.25 OFFICERS AND DIRE	Trust Fund Contribut	11. TITLE NAME	Added	ADDITIONS/CHA	De NGES TO OFFICE artinez Unoqton t	Partment	of State	10 _	E097 (40,00)
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MUSA, SL 962 SUMT WEST PAI D MUSA, YA	OFFICERS AND DIRE ISAN REV. ER ROAD EAST M BEACH FL 33415 HIA	Trust Fund Contribul	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ore Vic	DDITIONS/CHA ctor torin M 04 Wel	De NGES TO OFFICE artinez Ulington t U, FL	Partment	RECTORS IN	10 Addition	CD2E097 (40/00)
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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:

Daytime Phone #