

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000003895

1. Entity Name

HARE KRISHNA CENTER OF THE PALM BEACHES INC.

Principal Place of Business

Mailing Address

SUSAN MUSA
SUMTER RD. EAST
WEST PALM BEACH FL 33415

C/O SUSAN MUSA
962 SUMTER RD. EAST
WEST PALM BEACH FL 33415

2. Principal Place of Business

3. Mailing Address

3731 S. Military Tr

Same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

UK. Worth FL

4. FEI Number

65-1018572

Applied For

Not Applicable

Zip

Country

Zip

Country

33415

Palm Bch

8

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

MUSA, SUSAN REV.
962 SUMTER ROAD EAST
WEST PALM BEACH FL 33415

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
STREET ADDRESS
CITY-ST-ZIP
D
MARTINEZ, VICTORIA
14104 WELLINGTON TRACE
WELLINGTON FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Gahin MUSA
962 Sumter Rd East
West Palm Beach, FL 33415 ☒ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
VANIA, RUPCHAND
14104 WELLINGTON TRACE
WELLINGTON FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SUSAN MUSA
962 Sumter Rd E
West Palm Beach, FL 33415 ☒ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MARTINEZ, VICTORIA
14104 WELLINGTON TRACE
WELLINGTON FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
VANIA, RUPCHAND
14104 WELLINGTON TRACE
WELLINGTON FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
VANIA, Rupchand ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HOYT, JANET
5942 ITHACA CIRCLE W
LAKE WORTH FL 33463 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GRACIS, LUIS A
3220 VIRGINIA ST
MIAMI FL 33133 ☐ 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:

SUSAN MUSA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

80066740



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)