2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Apr 24, 2003 8:00 am Secretary of State DOCUMENT # N0000004000 1. Entity Name 04-24-2003 90324 001 *****8.75 SOUTH ASIA AGAINST AIDS FOUNDATION, INC. 04-24-2003 90324 002 ****61.25 Principal Place of Business Mailing Address 113 SEA ISLAND LANE 113 SEA ISLAND LANE BOCA RATON FL 33431 **BOCA RATON FL 33431** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES 4. FEI Number 65-1023246 Applied For City & State City & State Not Applicable Zip Zip 🗸 Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SEKHRI, ASHA OLIVIA Street Address (P.O. Box Number is Not Acceptable) 113 SEA ISLAND LANE **BOCA RATON FL 33431** 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 applicable (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. **PTD** Director 1 Addition TITLE ☐ Change TITLE □ Delete SEKHRI, ASHA OLIVIA MEHDI BEN ZAFAR 102-18 62nd AVENUE NAME NAME 113 SEA ISLAND LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Forest Hills **BOCA RATON FL 33431** Addition **VPD** TH Delete ☐ Change TITLE agrawaL MEHDI, ZAFAR NAME NAME lenwood a STREET ADDRESS STREET ADDRESS 102-18 62ND AVENUE CITY-ST-ZIP. CITY-ST-ZIP . FOREST-HILLS NY-11375 ☐ Defete TITLE TITLE GUJRAL, GAUTAM S ESQ NAME NAME STREET ADDRESS STREET ADDRESS 38 KENDAL AVENUE CITY-ST-ZIP CITY-ST-ZIP MAPLEWOOD NJ 07040 Delete **L** Addition TITLE Change agrawal, deepak dr. NAME 10th St STREET ADDRESS STREET ADDRESS 21 MICHIGAN AVE APT 2 CITY-ST-ZIP CITY-ST-ZIP SOMERVILLE MA 02145 mK/SSoon Director Change Delete TITLE BHASIN, SUPARNA NAME 64 WEST 70TH ST APT 2A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY 10023** Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(d). 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 ampowered 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:

FILED