

2001 UNIFORM BUSINESS REPORT (UBR)

5/17/01-90230-001-\$211.25-\$61.25

000150

DOCUMENT # N00000008053

1. Entity Name

GURU NANAK OF SOUTH FLORIDA, INC.

Principal Place of Business

2800 DOUGLAS ROAD PH-8
CORAL GABLES FL 33134

Mailing Address

3301 NW SOUTH RIVER DRIVE
MIAMI FL 33142

FILED

02 JAN 29 AM 9:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3301 NW SOUTH RIVER DR.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

4. FEI Number 65-1111788
APPLIED FOR

Applied For

Not Applicable

Zip

33142

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BOHATCH, JOHN S ESQ
2800 DOUGLAS ROAD PH-8
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name KAREN KAINTH-SANDHU

Street Address (P.O. Box Number is Not Acceptable)

3301 NW SOUTH RIVER DR.

City MIAMI

FL

Zip Code 33142

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)

4/27/01

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

TITLE D ☐ Delete
NAME KAINTH, HARBHAJAN S
STREET ADDRESS 3301 NW SOUTH RIVER DRIVE
CITY-ST-ZIP MIAMI FL 33142

TITLE D ☐ Delete
NAME KAINTH, KAREN
STREET ADDRESS 3301 NW SOUTH RIVER DRIVE
CITY-ST-ZIP MIAMI FL 33142

TITLE D ☐ Delete
NAME KAINTH, ROGER MARK
STREET ADDRESS 3301 NW SOUTH RIVER DRIVE
CITY-ST-ZIP MIAMI FL 33142

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 400004883064--
STREET ADDRESS -02/06/02--01023--017
CITY-ST-ZIP ***236.25 ***236.25

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

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

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CITY-ST-ZIP

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/01

Date

305-635-1144

Daytime Phone #

CR2E037 (10/00)