2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # N00022 Mar 17, 2000 8:00 am 1. Entity Name **Secretary of State** HINDU TEMPLE OF FLORIDA, INC. 03-17-2000 90014 007 ****61.25 Mailing Address Principal Place of Business 5509 LYNN ROAD 5509 LYNN ROAD TAMPA FL 33624-4813 TAMPA FL 33624 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2411940 Not Applicable \$8.75 Additional Zip Zip Country 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 Street Address (P.O. Box Number is Not Acceptable) RAMAPPA, G M 12136 COBBLESTONE DRIVE **BAYONET POINT FL 34667** Zip Code FL 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 DATE 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. **Department of State FEE IS \$61.25** Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. PD ☐ Addition X Delete TITLE PD TITLE Cr. M. RADHÁKRISHNAN, C V NAME NAME DRR AMAPPA 12136, COBBLESTONE DRIVE STREET ADDRESS STREET ADDRESS 12151 JEFFREY LANE CITY-ST-ZIP CITY-ST-ZIP DADE CITY FL 33525 Change DRPARIMI Addition TITLE VD TITLE Delete RAMAPPA, G M NAME NAME STREET ADDRESS STREET ADDRESS 12136 COBBLESTONE DR. CITY-ST-ZIP CITY-ST-ZIP TAM*PA* **BAYONET POINT FL 34667** SECRETARY ☐ Addition TITLE Delete SD TITLE HEADE DESAI, NAINAN NAME NAME STREET ADDRESS STREET ADDRESS 2908 WHITTINGTON PLACE ynn CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33618** N. PATEL Change ☐ Addition TITLE treasurer TITLE Delete GAURANGI KORABATHINA, S. RAO NAME NAME Road STREET ADDRESS STREET ADDRESS 4527 U.S. HIGHWAY 19, STE. B 5509, Lynn 36*24* CITY-ST-ZIP CITY-ST-ZIP **NEW PORT RICHEY FL 34652** ☐ Addition Change TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Defete TITLE TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #