

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 03, 2002 8:00 am
Secretary of State

05-10-2002 90039 026 ****61.25

DOCUMENT # N01000003896 ✓
1. Entity Name
 America Sevashram Sangha
 of Florida, Inc.
Principal Place of Business
 655 W. Fulton Street Ste. 1
 Sanford, FL. 32771
Mailing Address


2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip
3. Mailing Address
 3200 W. COLONIAL DRIVE
 Suite, Apt. #, etc.
 City & State
 Orlando FLA
 Zip
 32808
 Country
 ORANGE

4. FEI Number
 59-3710591
Applied For
☐ Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 BYRON RAMBO
 655 W. Fulton St. Ste 1
 Sanford, FL. 32771

7. Name and Address of New Registered Agent
 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)
 4/29/02
 DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐
FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State
10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

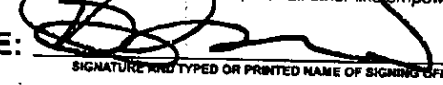
11. OFFICERS AND DIRECTORS

TITLE President <input type="checkbox"/> Delete <input checked="" type="checkbox"/>	NAME Krishnaall Persaud
STREET ADDRESS 8236 Conroy Windermere Rd	
CITY-ST-ZIP Orlando, FL 32811	
TITLE Secretary <input type="checkbox"/> Delete <input checked="" type="checkbox"/>	NAME Srabada Persaud
STREET ADDRESS 8236 Conroy Windermere Rd	
CITY-ST-ZIP Orlando, FL 32811	
TITLE Assistant Secretary <input type="checkbox"/> Delete <input checked="" type="checkbox"/>	NAME Byron Rambo
STREET ADDRESS 655-1 West Fulton Street	
CITY-ST-ZIP Sanford, FL 32771	
TITLE Joseph P Mahler, CEO <input type="checkbox"/> Delete <input checked="" type="checkbox"/>	NAME Joseph P Mahler, CEO
STREET ADDRESS 1037 28th St.	
CITY-ST-ZIP ORLANDO FL 32805	
TITLE <input type="checkbox"/> Delete	NAME
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete	NAME
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 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
 4/29/02 407-330-0991
 Date Daytime Phone #

CR2E034 (11/00)