

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

03-14-2002 90007 032 *****61.25

DOCUMENT # N01000005432

1. Entity Name

ANILA SARSWATI AND PARMANAND VIJAY POONAI CHARITABLE FOUNDATION, INC.

Principal Place of Business

Mailing Address

103 SUNSET CIR.
PORT ST. JOE FL 32456

103 SUNSET CIR.
PORT ST. JOE FL 32456

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

Applied For

31-1792596

Not Applicable

Zip

Country

Zip

Country

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

Name

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

City

FL

Zip Code

POONAI, PARMANAND
103 SUNSET CIR.
PORT ST. JOE FL 32456

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT + DIRECTOR <input type="checkbox"/> Delete ANILA POONAI 103 SUNSET CIRCLE PORT ST JOE, FL 32456
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE-PRESIDENT + DIRECTOR <input type="checkbox"/> Delete PARMANAND V. POONAI 103 SUNSET CIRCLE PORT ST JOE, FL 32456
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY + DIRECTOR <input type="checkbox"/> Delete PARMANAND V. POONAI 103 SUNSET CIRCLE PORT ST JOE, FL 32456
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER + DIRECTOR <input type="checkbox"/> Delete PARMANAND V. POONAI 103 SUNSET CIRCLE PORT ST JOE, FL 32456
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR <input type="checkbox"/> Delete RAJEN SARSWATI 26972 Hidden View Lane SARATOGA, CA 95070
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

PARMANAND V. POONAI
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-2-02

Date

(850) 229-8288
 Daytime Phone #

CR2E037 (9/01)