


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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91889 039 ****61.25

DOCUMENT # **ND01000008981**

1. Entity Name
PURAN FOUNDATION, INC



11040512

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7636 Apple Tree Cir.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Orlando, Florida

City & State
Suite, Apt. #, etc.

Zip
32819

Country
USA

Zip
Country

DO NOT WRITE IN THIS SPACE

4. FEI Number ☒ Applied For
Not Applicable

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

7. Name and Address of Current Registered Agent

Name
BRAHAM R. AGGARWAL

Street Address (P.O. Box Number is Not Acceptable)
7636 Apple Tree Circle

City
Orlando

FL

Zip Code
32819

**DO NOT WRITE
IN THIS SPACE**

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/Krishna Aggarwal 7636 Apple Tree Circle, Orlando Florida, 32819	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P Gauri Aggarwal 7636 Apple Tree Circle Orlando, Florida 32819	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/VP/S/T Rohini Gupta 7636 Apple Tree Circle Orlando, FL 32819	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/VP Savira Gupta 7636 Apple Tree Circle Orlando, FL 32819	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/VP Braham R. Aggarwal 7636 Apple Tree Circle Orlando, FL 32819	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/VP/Asst Secretary Rana Tiwan #906-286 2200 Winder Spirit Orlando, FL 32765	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRAHMAN R. AGGARWAL, VI 4/30/2003 407-529-3000

Date

Daytime Phone #

CR2E037B (12/02)