


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 27, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90324 043 \*\*\*\*61.25

|   |   |  |  |
|---|---|--|--|
| <b>DOCUMENT # N02000004675</b>  |   |                                       |  |
| 1. Entity Name<br><b>KAIRALI ARTS CLUB OF SOUTH FLORIDA INC.</b>  |   |  |  |
| Principal Place of Business<br><b>1073 SEQUOIA LN.<br/>WESTON FL 33327<br/>US</b>   |   | Mailing Address<br><b>1073 SEQUOIA LANE<br/>WESTON FL 33327<br/>US</b>   |  |
| 2. Principal Place of Business  |   | 3. Mailing Address   |  |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.  |  |
| City & State  |   | City & State   |  |
| Zip   | Country   | Zip  | Country  |
| 4. FEI Number<br><b>48-1277348</b>  |   | Applied For<br><input type="checkbox"/> Not Applicable   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |   | \$8.75 Additional Fee Required   |  |
| 6. Name and Address of Current Registered Agent<br><b>GEORGE, RAJAN<br/>1073 SEQUOIA LANE<br/>WESTON<br/>FL FL 33327</b>  |   | 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. I am familiar with, and accept the obligations of registered agent.   |   |  |  |
| SIGNATURE   |   | DATE   |  |
| Signature, typed or printed name of registered agent and title if applicable.   |   | (NOTE: Registered Agent signature required when reinstating)   |  |
| FILE NOW: FEE IS \$61.25  |   | 9. Election Campaign Financing<br><input type="checkbox"/> Trust Fund Contribution. <b>\$5.00 May Be Added to Fees</b> |  |
|   |   | Make Check Payable to Florida Department of State  |  |
| 10. OFFICERS AND DIRECTORS  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>P<br/>MELEPURACKAL, CHACKO V<br/>5011 BROOKSTONE TERR.<br/>COOPER CITY FL 33330</b> <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>P<br/>ROY THOTTAM - D<br/>13885 EXOTICA LN.<br/>WELLINGTON FL-33414</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>VP<br/>CHACKO, JOSEPH<br/>4865 N.W.101 AVE<br/>CORAL SPRINGS FL 33076</b> <input checked="" type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>VP<br/>MATHEW K. MATHEW<br/>3691 NW 114 LN<br/>CORAL SPRINGS, FL 33065</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>SECR<br/>GEORGE, RAJAN<br/>1073 SEQUOIA LANE<br/>WESTON FL 33327</b> <input checked="" type="checkbox"/> Delete                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>SECR<br/>MATHAI CHENNATTU - D<br/>10456 S.W. 52nd St.<br/>COOPER CITY - FL-33328</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>TR<br/>THOMAS CHIRAMEL - T<br/>9651 NW 39th St<br/>COOPER CITY FL-33024</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>P.E.<br/>RAJAN GEORGE - D<br/>1073 SEQUOIA LN<br/>WESTON, FL 33327</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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: <b>RAJAN GEORGE</b>  |   | Date: <b>4/29/03</b> Daytime Phone #: <b>(954) 349 3326</b>  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |   |  |  |

CR2E037 (10/02)