

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

FILED
Jul 14, 2003 8:00 am
Secretary of State

07-14-2003 90347 031 ****61.25

0012214

DOCUMENT # N02000008442

1. Entity Name

SANATAN DHARMA MANDIR, INC.



Principal Place of Business

**311 EAST PALM AVE
TAMPA FL 33602**

Mailing Address

**311 EAST PALM AVE
TAMPA FL 33602**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

311 EAST PALM AVE

311 EAST PALM AVE

City & State

City & State

TAMPA, FL

TAMPA, FL

Zip

Country

Zip

Country

33602

USA

33602

USA

4. FEI Number

593034726

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SHAH, SUDHIR K
1340 ROBIN RD. SOUTH
ST. PETERSBURG FL 33707**

Name

SATISH K SHARMA

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

SHRI SANATANA DHARMA MANDIR

311 EAST PALM AVENUE

City

TAMPA

FL

Zip Code

33602

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]

BOD TREASURES

07/12/2003

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
After September 10, 2003, min will be \$236.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **BOD PRESIDENT** ☐ Delete
NAME: **CHANDRA KANT PATEL**
STREET ADDRESS: **311 E. Palm Ave**
CITY-ST-ZIP: **Tampa, FL 33602**

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: **BOD VICE PRESIDENT** ☐ Delete
NAME: **RUDRAN SINGH**
STREET ADDRESS: **311 E. Palm Ave**
CITY-ST-ZIP: **Tampa, FL 33602**

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: **BOD SECRETARY** ☐ Delete
NAME: **JITENDRA MAKANJI**
STREET ADDRESS: **311 E. Palm Ave**
CITY-ST-ZIP: **Tampa, FL 33602**

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: **BOD TREASURER** ☐ Delete
NAME: **SATISH K SHARMA**
STREET ADDRESS: **311 E. Palm Avenue**
CITY-ST-ZIP: **Tampa, FL 33602**

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: **BOD KIRAN SENAPATI** ☐ Delete
NAME: **311 E. Palm Ave**
STREET ADDRESS: **Tampa, FL 33602**

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: **BOD KETKI SHAH** ☐ Delete
NAME: **311 E. Palm Ave**
STREET ADDRESS: **Tampa, FL 33602**

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ 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:

[Signature] **SATISH K SHARMA**

07/12/2003 8132214482

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/03)