

FILED

May 28, 2002 8:00 am
Secretary of State

04-09-2002 90033 041 ***61.25

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N02308

1. Entity Name

KERALA SAMAJAM OF SOUTH FLORIDA INC.

Principal Place of Business

4885 N.W. 101 AVENUE
CORAL SPRINGS FL 33076

Mailing Address

4885 N.W. 101 AVENUE
CORAL SPRINGS FL 33076

2. Principal Place of Business

15183 S.W. 157 TER.

3. Mailing Address

15183 S.W. 157 TER.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33187

Country

U.S.A

Zip

33187

Country

USA

4. FEI Number

65-0153874

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

PADAVATHIL, JACOB
5200 LANCELOT LANE
DAVIE FL 33331

7. Name and Address of New Registered Agent

Name STEPHEN THOMAS

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

12817 N.W. 20th St.

City PEMBROKE PINES, FL

Zip Code

33028

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.

STEPHEN M. THOMAS
(PRESIDENT)

3-28-2002

(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 FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	☒ Delete
NAME	PADAVATHIL, JACOB	
STREET ADDRESS	5200 LANCELOT LANE	
CITY-ST-ZIP	DAVIE FL 33331	

TITLE	V	☒ Delete
NAME	BERNARD, JOHN	
STREET ADDRESS	14401 SW 97 AVENUE FL	
CITY-ST-ZIP	MIAMI FL 33176	

TITLE	S	☒ Delete
NAME	CHACKO, MARIANNA	
STREET ADDRESS	4885 NW 101 AVENUE	
CITY-ST-ZIP	CORAL SPRINGS FL 33076	

TITLE	T	☒ Delete
NAME	BENJAMIN, WILSON	
STREET ADDRESS	10010 NW 35 ST	
CITY-ST-ZIP	HOLLYWOOD FL 33026	

TITLE	D	☒ Delete
NAME	CHACKO, PHILIP	
STREET ADDRESS	11881 NW 23RD ST	
CITY-ST-ZIP	PLANTATION FL 33323	

TITLE	D	☒ Delete
NAME	MATHEW, JAMES DR	
STREET ADDRESS	10210 SW 138 CT	
CITY-ST-ZIP	MIAMI FL 33186	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	☒ Change ☐ Addition
NAME	STEPHEN THOMAS - D	
STREET ADDRESS	12817 N.W. 20 ST.	
CITY-ST-ZIP	PEMBROKE PINES, FL. 33028	

TITLE	L	☒ Change ☐ Addition
NAME	KUNTAMMA KOSHY - T	
STREET ADDRESS	5401 S.W. 94 Ave	
CITY-ST-ZIP	COOPER CITY, FL. 33328	

TITLE	S	☒ Change ☐ Addition
NAME	JOSEPH P. GEORGE - T	
STREET ADDRESS	15183 SW 157 TER.	
CITY-ST-ZIP	MIAMI, FL. 33187	

TITLE	S	☒ Change ☐ Addition
NAME	JOJO VATHIELIL - T	
STREET ADDRESS	3361 NW 85 AVE #201	
CITY-ST-ZIP	CORAL SPRINGS, FL. 33065	

TITLE	T	☒ Change ☐ Addition
NAME	BABY ABRAHAM	
STREET ADDRESS	3620 N.W. 113 Ave.	
CITY-ST-ZIP	CORAL SPRINGS, FL. 33065	

TITLE	T	☒ Change ☐ Addition
NAME	JACOB VARUGHESE	
STREET ADDRESS	5957 S.W. 117 Ave.	
CITY-ST-ZIP	COOPER CITY, FL. 33330	

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JOSEPH P. GEORGE
(Signing officer)

4-22-02 305 233 8595

CP2E037 (9/01)