

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

FILED

02 JUN 17 AM 10:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # *N05051*  
1. Entity Name  
*ST. THOMAS (INDIAN) ORTHODOX CHURCH  
OF SOUTH FLORIDA, Inc.*

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
*805 GLENN PARKWAY*  
Suite, Apt. #, etc.

3. Mailing Address  
*805 GLENN PARKWAY*  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
*HOLLYWOOD, FL*

City & State  
*HOLLYWOOD, FL*

4. FEI Number  
*65-0057308*

Applied For  
Not Applicable

Zip  
*33021*

Country

Zip  
*33021*

Country

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

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
*MATHEW ARANMULATHU*

Street Address (P.O. Box Number is Not Acceptable)  
*4211 S.W. 106 TERR*

City  
*DAVIE*

FL

Zip Code  
*33328*

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]* *MATHEW ARANMULATHU* *6/6/02*  
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  
Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>SD MATHEW ARANMULATHU 4211 S.W. 106 TERR DAVIE, FL - 33328</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>400005972744 06725702-01051-002 *****70.00 *****70.00</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>MD SAMUEL THOMAS 1031 N 66th Terrace HOLLYWOOD FL - 33024</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>PD MATHEW ALAKOT 9486 S.W. 49th PLACE, COOPERCITY, FL - 33328</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>MD ULAHANNAN T. VARGHSE, 8851 S.W. 51 PLACE, COOPERCITY, FL - 33328</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>TD JOHN V. THOMAS 8735 SW. 56th PLACE, COOPERCITY, FL - 33328</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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]* *MATHEW ARANMULATHU* *6/6/02 (954)236-3347*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

AMENDED UBR.

CR2E037B (12/01)