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

FILED

03 MAY -8 AM 9:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N06264

1. Entity Name THE TAMIL CULTURAL ASSOCIATION

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
12706 W. MIDWAY RD	12706 W. MIDWAY RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FT. PIERCE. FLA.	City & State: FT. PIERCE FLA
Zip: 34945 Country: USA	Zip: 34945 Country: USA

4. FEI Number: 650138198 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: IAYAHNAR NAGAPOOLLAY

Street Address (P.O. Box Number is Not Acceptable): 12706 W. MIDWAY RD.

City: FT. PIERCE FL FL Zip Code: 34945

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: Iayahnar Nagapoollay 5-5-03
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	P/D
NAME	IAYAHNAR NAGAPOOLLAY
STREET ADDRESS	12706 W. MIDWAY RD
CITY-ST-ZIP	FT. PIERCE FL 34945
TITLE	S
NAME	GAITREE LAKRAM
STREET ADDRESS	3084 N.E. 5 AVE
CITY-ST-ZIP	WILTON MANORS 33334
TITLE	T
NAME	SITA SUKU
STREET ADDRESS	3084 N.E 5 AVE
CITY-ST-ZIP	WILTON MANORS 33334
TITLE	
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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: Iayahnar Nagapoollay IAYAHNAR NAGAPOOLLAY, PRESIDENT 5-5-03 1772-460-3881