

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 27, 2000 08:00 AM**
Secretary of State**DOCUMENT # N30088**

1. Entity Name

HINDU SAMAJ, INC.

Principal Place of Business

Mailing Address

26 ADALIA AVE

26 ADALIA AVE

TAMPA

FL

TAMPA

FL

33606

US

33606

US

2. Principal Place of Business

24 ADALIA AVE

3. Mailing Address

24 ADALIA AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

TAMPA

FL

City & State

TAMPA

FL

4. FEI Number

65-0103866

Applied For

Not Applicable

Zip

33606

Country

US

Zip

33606

Country

US

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RATTAN P K

26 ADALIA AVE

TAMPA

FL

33606

US

Name

RATTAN P K

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

24 ADALIA AVE

City
TAMPA

FL

Zip Code
33606

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 **PAWAN K. RATTAN****04/27/2000**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to**
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	<input type="checkbox"/> Delete
NAME	RATTAN B.K.	
STREET ADDRESS	26 ADALIA AVE	
CITY-ST-ZIP	TAMPA FL 33606	

TITLE	SD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RATTAN B.K.		
STREET ADDRESS	24 ADALIA AVE		
CITY-ST-ZIP	TAMPA FL 33606		

TITLE	PD	<input type="checkbox"/> Delete
NAME	RATTAN, PAWAN	
STREET ADDRESS	26 ADALIA AVENUE	
CITY-ST-ZIP	TAMPA FL	

TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RATTAN, PAWAN		
STREET ADDRESS	24 ADALIA AVENUE		
CITY-ST-ZIP	TAMPA FL		

TITLE	VD	<input type="checkbox"/> Delete
NAME	RATTAN VEENA	
STREET ADDRESS	26 ADALIA AVENUE	
CITY-ST-ZIP	TAMPA FL 33606	

TITLE	VD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RATTAN VEENA		
STREET ADDRESS	24 ADALIA AVENUE		
CITY-ST-ZIP	TAMPA FL 33606		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.