

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N36077

1. Entity Name

SHRI LAKSHMI NARAYAN MANDIR, INC. ✓

**FILED**  
**Jul 31, 2000 8:00 am**  
**Secretary of State**

07-31-2000 90006 043 \*\*\*\*70.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business 251 KLONDIKE AVE. ORLANDO FL 32811 US	Mailing Address 1557 EAST SPRINGRIDGE CR WINTER GARDEN FL 34787 US
--	---

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

City & State	City & State	4. FEI Number 11-2709079	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
--	--------------------------------

6. Name and Address of Current Registered Agent

JADONATH, PANDIT  
 1557 EAST SPRINGRIDGE CR  
 WINTER GARDEN FL 34787

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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: *Jadonath Pandit*  
 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 13, 2000 min. will be \$236.25**

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	<b>P</b> PERSAUD, HARRY 1215 PINE HILLS RD. ORLANDO FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> VEDICA, RAMKARRAN 5206 SHAKAR CIRCLE ORLANDO FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> JADONATH, CHURAMAN 5334 AVENEDO DEL SOL ORLANDO FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> JADONATH, YADO 1557 E. SPRINGRIDGE CIR WINTER GARDEN FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> SINGH, CHARAN 6323 FORTUNE LN APOPKA FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> RAMPERSAUD, PERTAB 5206 SHAKAR CR ORLANDO FL <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> RAMPERSAUD PERTAB 5206 Shakar CR ORLANDO FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> JADONATH PANDIT 191 Beach 101 ST ROCKAWAY PARK QUEEN NY 11694 <input type="checkbox"/> Change <input checked="" type="checkbox"/> 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: *Jadonath Pandit* **REQUIRED** *JADONATH*  
 Signature and typed or printed name of signing officer or director Date: 7/11/2000 Daytime Phone #: 407 654-0826

CR2E037 (5/00)