

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N38465**

(3)

1. Corporation Name

HINDU SOCIETY OF AMERICA, INC.

Principal Place of Business

Mailing Address

12922 S W 133 CT
PARK PLACE KENDALL
MIAMI FL 33186
US

11165 S W 138TH ST
11165 SW 138 STREET
MIAMI FL 33176
US

3. Date Incorporated or Qualified
06/04/19903a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 **11120 SW 174 TERRACE**

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number
65-0217411Applied For
Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐**\$5.00** May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

City & State

City & State

23 **MIAMI, FLORIDA**

28

Zip

Country

Zip

Country

24 **33157**25 **U.S.A**

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DOOBAY, S.P.
11165 SW 138 STREET
MIAMI FL 33176

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **DOOBAY, S.P.**
STREET ADDRESS **11165 SW 138 STREET**
CITY-ST-ZIP **MIAMI FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **VD** ☒ DELETE
NAME **SEWNARINE, RAMRAJ**
STREET ADDRESS **7900 S W 197 TERRACE**
CITY-ST-ZIP **MIAMI FL**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **V.D. J. ARJUNE MAHASE**
2.3 STREET ADDRESS **10884 SW 154 TERRACE**
2.4 CITY-ST-ZIP **MIAMI, FL 33157**

TITLE **TD** ☒ DELETE
NAME **RAMCHARAN, PRAKASH**
STREET ADDRESS **15043 SW 109 LANE**
CITY-ST-ZIP **MIAMI FL**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **T.D. CHANDRESEH PARSAUD**
3.3 STREET ADDRESS **15569 SW 138 PLACE**
3.4 CITY-ST-ZIP **MIAMI, FL 33177**

TITLE **SD** ☐ DELETE
NAME **SHIVBARAN, ROHIT**
STREET ADDRESS **8281 NW 183 ST.**
CITY-ST-ZIP **MIAMI FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE
NAME **CHUNOO, HAROLD**
STREET ADDRESS **10321 S W 157TH ST**
CITY-ST-ZIP **MIAMI FL**

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME **D. JAINARAIN ADARBAL**
5.3 STREET ADDRESS **11881 SW 208 STREET**
5.4 CITY-ST-ZIP **MIAMI, FL 33177-5712**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

S. P. Doobay (S.P. DOOBAY)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/25/96**305-3780281**

Daytime Phone #

0045549

