

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N40416

1. Entity Name

SATYAKAAM SANSKRITI SABHA, INC.

Principal Place of Business

311 E PALM AVE
TAMPA FL 33602
US

Mailing Address

PO BOX 173241
TAMPA FL 33672-1241
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3034726

Applied For

Not Applicable

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

SONNYLAL, DINDIAL B
311 E PALM AVE
TAMPA FL 33602

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME RATTAN, PAWAN
STREET ADDRESS 26 ADALIA AVE.
CITY-ST-ZIP TAMPA FL 33606

TITLE D. ☐ Change ☒ Addition
NAME JAIPERSHAD, RONICA
STREET ADDRESS 9908 CHRIS CRAFT COURT
CITY-ST-ZIP TAMPA, FL 33615

TITLE SD ☐ Delete
NAME SONNYLAL, DINDIAL B.
STREET ADDRESS 5549 24TH AVE NORTH
CITY-ST-ZIP ST PETERSBURG FL 33710

TITLE D. ☐ Change ☒ Addition
NAME PATEL, YOGESH
STREET ADDRESS 4126 TYNDAL DRIVE
CITY-ST-ZIP BRANDON, FL 33511

TITLE VP. D. ☐ Delete
NAME SINGH, SHANTIA
STREET ADDRESS 3052 7TH AVE N
CITY-ST-ZIP ST PETERSBURG FL 33713

TITLE TD ☒ Change ☒ Addition
NAME PERSAD NARIE
STREET ADDRESS 2801 LA CONCHA DRIVE
CITY-ST-ZIP CLEARWATER, FL 33762

TITLE D ☐ Delete
NAME SENAPATI, KIRON
STREET ADDRESS 9510 NORCHESTER CIR
CITY-ST-ZIP TAMPA FL 33647

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME PATEL, P.D.
STREET ADDRESS 1006 OLD FIELD DR.
CITY-ST-ZIP BRANDON FL 33511

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME PATEL, PRATIV
STREET ADDRESS 815 GREENWOOD COURT
CITY-ST-ZIP BRANDON FL 33511

TITLE ☐ Change ☐ 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90052 024 ****70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)