

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****May 04, 2001 8:00 am**  
**Secretary of State**

05-04-2001 90111 008 \*\*\*\*61.25

**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  
US**

2. Principal Place of Business

3. Mailing Address

**P.O. Box-403**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

**Riverview, FL.33568**

Zip

Country

Zip

Country

**33568****Hillsborough**

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

**SONNYLAL, DINDIAL B  
311 E PALM AVE  
TAMPA FL 33602**

7. Name and Address of New Registered Agent


Name **Chandra Mehta**

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

**10031 Remington Dr.**City **Riverview****FL**Zip Code **33569**

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

**4/19/01**

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 NAME STREET ADDRESS CITY-ST-ZIP	PD RATTAN, PAWAN 26 ADALIA AVE. TAMPA FL 33606	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SONNYLAL, DINDIAL B. 5549 24TH AVE NORTH ST PETERSBURG FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President Yogesh Patel 311 E Palm Ave., Tampa, FL. 33602	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SINGH, SHANTIA 3052 7TH AVE N ST PETERSBURG FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Dr. Rudra N. Singh 311 E. Palm Ave., Tampa, FL. 33602	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SENAPATI, KIRON 9510 NORCHESTER CIR TAMPA FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Chandrakant Mehta 311 E. Palm Ave., Tampa, FL. 33602	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATEL, P.D. 1006 OLD FIELD DR. BRANDON FL 33511	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Narie Persad 311 E. Palm Ave., Tampa, FL. 33602	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATEL, PRATIV 815 GREENWOOD COURT BRANDON FL 33511	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input 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:  **SIGNATURE REQUIRED Chandra Mehta****4/19/01 813-677-8857**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \*

Daytime Phone #

CR2E037 (10/00)