

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90119 007 ****61.25

DOCUMENT #

1. Entity Name

N 40416

SATYAKAAM SANSKRITI SABHA, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

311 E. PALM AVE

Suite, Apt. #, etc.

3. Mailing Address

1340 ROBIN ROAD SOUTH

Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

ST PETERSBURG, FL

4. FEI Number

59-3034726

Applied For

Not Applicable

Zip

33602

Country

USA

Zip

33707

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

DR PAWAN RATTAN

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

306 S PLANT AVE

City

TAMPA

FL

Zip Code

33606

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

4/22/2002

DATE

**FEE IS \$61.25
Initial or Amended UBR**

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

**CHAIRPERSON, BOARD OF TRUSTEES
MRS MANJU TANEJA 33602
311 E. PALM AVE, TAMPA, ##**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**VP/INTERIM ADMINISTRATOR
DR PAWAN RATTAN
311 E. PALM AVE. TAMPA 33602**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**SECRETARY
MRS BELLA PATEL
311 E. PALM AVE. TAMPA 33602**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**TREASURER
SUDHIR SHAH
311 E. PALM AVE. TAMPA 33602**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SUDHIR K. SHAH

Date

Daytime Phone #

4/22/02 (727) 845-5501

CR2E037B (12/01)