

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90089 022 ****70.00

836331

DO NOT WRITE IN THIS SPACE

DOCUMENT # N92000000 877
1. Entity Name ARYA METTEYO TEMPLE INC.

Principal Place of Business 11835 47th Rd N
W. Palm Bch, FL 33411
Mailing Address ARYA METTEYO TEMPLE INC.
11835 47th Rd N
W. Palm Bch, FL 33411

2. Principal Place of Business ARYA METTEYO TEMPLE INC.
Suite, Apt. #, etc.
3. Mailing Address ARYA METTEYO TEMPLE INC.
Suite, Apt. #, etc.

11835 47th Rd N
City & State
W. Palm Bch, FL
Zip Country
33411 U.S.A.

4. FEI Number 65-0409128
5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**
Applied For
Not Applicable

6. Name and Address of Current Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____
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

TITLE	DIRECTOR	<input type="checkbox"/> Delete
NAME	ARYA, ANGEL	
STREET ADDRESS	11835 47th Rd N	
CITY-ST-ZIP	W. Palm Bch, FL 33411	
TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	VORASANE, SAVANNOKEO	
STREET ADDRESS	11835 47th Rd N	
CITY-ST-ZIP	W. Palm Bch, FL 33411	
TITLE	TREASURER	<input type="checkbox"/> Delete
NAME	ARYA ANDY	
STREET ADDRESS	11835 47th Rd N	
CITY-ST-ZIP	W. Palm Bch, FL 33411	
TITLE	SECRETARY	<input type="checkbox"/> Delete
NAME	NGAETH BUNCHUN	
STREET ADDRESS	12025 SW. Patricia Ave.	
CITY-ST-ZIP	PORT ST LUCIE, FL 34953	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Angel Arya
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (9/99)