

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2002 8:00 am
Secretary of State

02-12-2002 90107 006 ****70.00

DOCUMENT # N92000000377

1. Entity Name

ARYAMETTEYO TEMPLE, INC.

Principal Place of Business
Anyametteyo Temple Inc
ARYAMETTEYO TEMPLE INC.
11835 47TH RD N.
WEST PALM BEACH FL 33411
US

Mailing Address

ARA-METTEYO-TEMPLE-INC. *Anyametteyo*
11835 47TH RD N.
WEST PALM BEACH FL 33411
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

65-0409128

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

ARYA, ANGEL
11835 47TH ROAD NORTH
WEST PALM BEACH FL 33411

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 **D** ☐ Delete
 NAME **ARYA, ANGEL**
 STREET ADDRESS **11835 47TH ROAD NORTH**
 CITY-ST-ZIP **W. PALM BEACH FL 33411**

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

TITLE **D** ☐ Delete
 NAME **SAVANNOKEO, VORASANE**
 STREET ADDRESS **11835 47TH RD. N.**
 CITY-ST-ZIP **WEST PALM BEACH FL**

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

TITLE **D** ☐ Delete
 NAME **ARYA, ANDY**
 STREET ADDRESS **11835 47TH ROAD NORTH**
 CITY-ST-ZIP **W. PALM BEACH FL 33411**

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

TITLE **D** ☐ Delete
 NAME **BUNCHAN, NGAETH**
 STREET ADDRESS **1225 SW PATRICIA AVE**
 CITY-ST-ZIP **PORT SAINT LUCIE FL**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 *[Signature]*

1-25-02

CR2E037 (9/01)