

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90554 001 ****70.00

DOCUMENT # N92000000377

1. Entity Name

ARYAMETTEYO TEMPLE, INC.



Principal Place of Business

**ARYAMETTEYO TEMPLE INC
11835 47TH RD N.
WEST PALM BEACH FL 33411
US**

Mailing Address

**ARYAMETTEYO TEMPLE INC
11835 47TH RD N.
WEST PALM BEACH FL 33411
US**

2. Principal Place of Business

Same above

3. Mailing Address

Same above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

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

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

7. Name and Address of New Registered Agent

Name

Same

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **D** ☐ Change ☐ Addition
NAME **SAVANNOKEO VORASANE**
STREET ADDRESS **11835 47TH RD N.**
CITY-ST-ZIP **WEST PALM BEACH FL 33411**

TITLE **D** ☐ Change ☐ Addition
NAME **ARYA ANDY**
STREET ADDRESS **11835 47TH RD. N.**
CITY-ST-ZIP **WEST PALM BEACH FL 33411**

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

TITLE ☐ Change ☐ Addition
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 *Felecia Angel*

01 14. 03

CR2E037 (10/02)