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May 20 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N93000004804 (1)

1. Corporation Name

NAVJIVAN, INC.

Principal Place of Business

4243 NORTHLAKE BLVD  
STE D  
PALM BEACH GARDENS FL 33410

Mailing Address

4243 NORTHLAKE BLVD  
STE D  
PALM BEACH GARDENS FL 33410-6276



3. Date Incorporated or Qualified 10/22/1993 3a. Date of Last Report 04/08/1996

4. FEI Number 65-0492438 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THOMAS, SAMUEL A  
4243-B NORTHLAKE BLVD  
PALM BCH GDNS FL 33410

81 Name Anita D. Lanczi  
82 Street Address (P.O. Box Number is Not Acceptable) 4243-D Northlake Blvd.  
83  
84 City Palm Beach Gardens FL 85 Zip Code 33410

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Anita D. Lanczi Anita D. Lanczi 4-29-97  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BAROT, DILIP	
STREET ADDRESS	3101 PARK AVE	
CITY-ST-ZIP	SINGER ISLAND FL 33404	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BAROT, NAMISHA	
STREET ADDRESS	3101 PARK AVE	
CITY-ST-ZIP	SINGER ISLAND FL 33404	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PANDYA, DINESH	
STREET ADDRESS	8901 DANIA DR	
CITY-ST-ZIP	PALM BCH GDNS FL 33410	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	PANDYA, USHA	
STREET ADDRESS	8901 DANIA DR	
CITY-ST-ZIP	PALM BCH GDNS FL 33410	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Niranjan Pathak
1.3 STREET ADDRESS	4243-D Northlake Blvd.
1.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33410
2.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Kanu Parikh
2.3 STREET ADDRESS	4243-D Northlake Blvd.
2.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33410
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	800002199668
6.3 STREET ADDRESS	-06/03/97--01044--015
6.4 CITY-ST-ZIP	***886.25

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)

OS  
5/20/97