

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000000519

1. Entity Name

POORNIMA AND AVINASH CHARITABLE FOUNDATION, INC.

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90357 016 ****61.25

Principal Place of Business

3131 S RIDGEWOOD AVENUE
OFFICE
SOUTH DAYTONA FL 32119
US

Mailing Address

3131 S RIDGEWOOD AVENUE
OFFICE
SOUTH DAYTONA FL 32119
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

59-3223455

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

POLINGER, GLORIA
C/O AVINASH GUPTA
3131 S RIDGEWOOD AVENUE
SOUTH DAYTONA FL 32119

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 PD
NAME GUPTA, AVINASH
STREET ADDRESS 3131 S RIDGEWOOD AVE
CITY-ST-ZIP SOUTH DAYTONA FL 32119 ☐ Delete

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

TITLE D
NAME GUPTA, AVINASH
STREET ADDRESS 3131 S RIDGEWOOD AVE
CITY-ST-ZIP SOUTH DAYTONA FL 32119 ☐ Delete

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

TITLE STD
NAME SHARMA, MANJU
STREET ADDRESS 132-05 AVERY AVE
CITY-ST-ZIP FLUSHING NY 11355 ☐ Delete

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

TITLE VP
NAME POORNIMA, GUPTA
STREET ADDRESS 3131 S. RIDGEWOOD AVE
CITY-ST-ZIP S. DAYTONA FL ☐ Delete

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

TITLE D
NAME POLINGER, GLORIA
STREET ADDRESS 3131 S. RIDGEWOOD AVE #101
CITY-ST-ZIP S. DAYTONA FL ☐ Delete

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

TITLE D
NAME RASHMIN, MEHTA
STREET ADDRESS 136-25 37 AVE
CITY-ST-ZIP FLUSHING NY ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
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 GUPTA**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 28, 01

Date

788-9445

Daytime Phone #

CR2E037 (10/00)