

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 24, 2002 8:00 am  
Secretary of State

03-24-2002 90020 004 \*\*\*\*61.25

DOCUMENT # N94000000519

1. Entity Name

POORNIMA AND AVINASH CHARITABLE FOUNDATION, INC.

Principal Place of Business

Mailing Address

3131 S RIDGEWOOD AVENUE  
OFFICE  
SOUTH DAYTONA FL 32119  
US

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

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

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

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

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

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

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

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:

*pgupta*  
SIGNATURE REQUIRED

March 8, '02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)