

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 28, 2001 8:00 am**  
**Secretary of State**

03-28-2001 90197 047 \*\*\*\*61.25

0041784

**DOCUMENT # N95000002201**

1. Entity Name

**SHRI MATA VAISHNO DEVI HINDU TEMPLE INC.**

Principal Place of Business

Mailing Address

**C.O MANOHAR R. MAHAJAN  
 13704 SW 83RD CT  
 MIAMI FL 33158**

**C.O MANOHAR R. MAHAJAN  
 13704 SW 83RD CT  
 MIAMI FL 33158**

00000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0605429**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**MAHAJAN, MANOHAR R  
 13704 W 83RD CT  
 MIAMI FL 33158**

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MAHAJAN, MANOHAR R</b>	
STREET ADDRESS	<b>13704 SW 83RD CT</b>	
CITY-ST-ZIP	<b>MIAMI FL 33158</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MAHAJAN, SARITA</b>	
STREET ADDRESS	<b>13704 SW 83RD CTAHAJAN</b>	
CITY-ST-ZIP	<b>MIAMI FL 33158</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SARASWATI, SWAMI B</b>	
STREET ADDRESS	<b>7970 SW 13TH TERRACE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33144</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: \_\_\_\_\_

**MANOHAR R. MAHAJAN**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/23/01**  
 Date

**305 251 7667**  
 Daytime Phone #

CR2E037 (10/00)