

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 28, 2001 8:00 am  
Secretary of State

04-28-2001 90096 005 \*\*\*\*61.25

DOCUMENT # N96000001908

1. Entity Name

NAVA KERALA ARTS CLUB, INC.

Principal Place of Business

4661 NW 66TH DR  
POMPANO BEACH FL 33067  
US

Mailing Address

4661 NW 66TH DR  
POMPANO BEACH FL 33067  
US

2. Principal Place of Business

9026 NW 24 CT

Suite, Apt. #, etc.

3. Mailing Address

9026 NW 24 CT

Suite, Apt. #, etc.

City & State

CORAL SPRINGS FL

Zip

33065

Country

BROWARD

City & State

CORAL SPRINGS FL

Zip

33065

Country

BROWARD

4. FEI Number

65-0558290

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

NIRAVEL, ANANDAN  
9026 NW 24 CT  
CORAL SPRINGS FL 33065

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]*

ANANDAN NIRAVEL

3/28/01

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LUKASE, VINCENT	
STREET ADDRESS	3715 NW 121 AVE	
CITY-ST-ZIP	SUNRISE FL 33323	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	VARGHESE, MATHEW	
STREET ADDRESS	7127 NW 44 ST	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	VARGHESE, NICHOLAS	
STREET ADDRESS	4040 NW 106 DR	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANANDAN NIRAVEL	
STREET ADDRESS	9026 NW 24 CT	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BABU JOSEPH	
STREET ADDRESS	931 SW 87 TERR	
CITY-ST-ZIP	PEMBROKE PINES FL 33025	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMAS CHACKO	
STREET ADDRESS	3710 NW 114 LN	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/01

954  
344 4712  
Date Daytime Phone #

CRZE037 (10/00)