

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 04, 2003 8:00 am
Secretary of State

08-04-2003 90151 027 ****61.25

0010287

DOCUMENT # N96000001908

1. Entity Name

NAVA KERALA ARTS CLUB, INC.



Principal Place of Business

**3741 NW 107 WAY
SUNRISE FL 33351
US**

Mailing Address

**3741 NW 107 WAY
SUNRISE FL 33351
US**

2. Principal Place of Business

5165 NW 66th Dr

3. Mailing Address

5165 NW 66th Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

CORAL SPRINGS, FL

City & State

CORAL SPRINGS, FL

Zip **33067** Country **USA**

Zip **33067** Country **USA**

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

**CHAKIATH, BABU
3741 NW 107 WAY
SUNRISE FL 33351**

7. Name and Address of New Registered Agent

Name **ANTONY THOMAS**

Street Address (P.O. Box Number is Not Acceptable)

5165 NW 66th Dr

City **CORAL SPRINGS FL** Zip Code **33067**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

ANTONY THOMAS
Antony Thomas

Treasurer

7/26/03

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
After September 10, 2003, min will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CHKIATH, BABU	
STREET ADDRESS	3741 NW 107 WAY	
CITY-ST-ZIP	SUNRISE FL 33351	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ONNOONNY, JOHN	
STREET ADDRESS	1911 NW 86 TERR	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	
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	NAIR, GOPAN	
STREET ADDRESS	8561 NW 52 COURT	
CITY-ST-ZIP	LAUDERHILL FL 33351	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PYNUMKAN, LUKOSE	
STREET ADDRESS	9650 SW 9 COURT	
CITY-ST-ZIP	PEMBROKE PINES FL 33025	
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 type="checkbox"/> Addition
NAME	VARGHESE, MATHEW	
STREET ADDRESS	7127 NW 44 ST	
CITY-ST-ZIP	CORAL SPRINGS, FL-33065	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANTONY THOMAS	
STREET ADDRESS	5165 NW 66th Dr	
CITY-ST-ZIP	CORAL SPRINGS, FL-33067	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PYNUMKAN, LUKOSE	
STREET ADDRESS	9650 SW 9 CT	
CITY-ST-ZIP	PEMBROKE PINES, FL-33025	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOPHY MATHEW	
STREET ADDRESS	12592 NW 53rd ST	
CITY-ST-ZIP	CORAL SPRINGS, FL-33076	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSE P CHACKO	
STREET ADDRESS	8594 NW 8th CT	
CITY-ST-ZIP	CORAL SPRINGS, FL-33071	
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 and known persons.

SIGNATURE:

MATHEW VARGHESE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/26/03

(954)345-0600

Date

Daytime Phone #

CR2E037 (4/03)