

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90082 046 ****61.25

80110205



DO NOT WRITE IN THIS SPACE

DOCUMENT # N96000001996

1. Entity Name

ISKCON SOUTH FLORIDA INC.

Principal Place of Business

Mailing Address

**3220 VIRGINIA STREET
 MIAMI FL 33133**

**3220 VIRGINIA STREET
 MIAMI FL 33133**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0668476

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

**BRADMAN, HEYWARD A ESQ
 10821 SW 171ST STREET
 MIAMI FL 33157**

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 ☐ Delete
 NAME CPD
 STREET ADDRESS CATALANO, GUSTAVO C
 CITY-ST-ZIP 3220 VIRGINIA STREET
 MIAMI FL 33133

TITLE ☒ Change ☐ Addition
 NAME D
 STREET ADDRESS CATALANO, GUSTAVO C
 CITY-ST-ZIP 3220 VIRGINIA ST
 MIAMI, FL. 33133

TITLE ☒ Delete
 NAME SD
 STREET ADDRESS PALLERES, CARLOS GAL
 CITY-ST-ZIP 3220 VIRGINIA STREET
 MIAMI FL 33133

TITLE ☐ Change ☒ Addition
 NAME P/D
 STREET ADDRESS HAYES, DOUGLAS
 CITY-ST-ZIP 3220 VIRGINIA ST
 MIAMI, FL. 33133

TITLE ☒ Delete
 NAME D
 STREET ADDRESS SOKOLOF, CHRISTINA T
 CITY-ST-ZIP 3220 VIRGINIA STREET
 MIAMI FL 33133

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

TITLE ☐ Delete
 NAME D
 STREET ADDRESS SCHREIER, NANCY
 CITY-ST-ZIP 3220 VIRGINIA STREET
 MIAMI FL 33133

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: **SIGNATURE REQUIRED** *Douglas Hayes* 4-22-02

CR2E037 (9/01)