2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State
03-14-2002 90081 048 ****61.25

DOCUMENT # N96000004384

1. Entity Name

MAHESHWAR CHARITABLE FOUNDATION, INC.

Principal Place of Business	Mailing Address
2370 TREETOP CT MELBOURNE FL 32934	4107 SPARROW HAWK RD MELBOURNE FL 32934

DO NOT WRITE IN THIS SPACE

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 59-3405967 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KAPOOR, SHEILA S
4107 SPARROW HAWK RD
MELBOURNE FL 32934

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D KAPOOR, K DEEPAK 4107 SPARROW HAWK RD MELBOURNE FL 32934	☐ Delete	D HAL KUSHNER, MD, FACS 2910 RIVER POINT DR. DAYTONA BEACH FL 32118	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KAPOOR, SHEILA S 4107 SPARROW HAWK RD MELBOURNE FL 32934	☐ Delete	D SHEILA KASHKARI, M.D. 1358 BERKSHIRE RD. STOW OH 44224	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SAINI, DALJIT S 2370 TREETOP CT MELBOURNE FL 32934	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D M.C. AGGARWAL, M.D. 2442 N FOUND HARBOR DR MERRITT ISLAND FL 32952	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SUBHASH K THAREJA M.D. 290 MICHIGAN AVE MELBOURNE FL 32901	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MAHESH, SONI M.D. 203 LANSING ISLAND DR. INDIAN HARBOR BEACH FL 32937	☒ Delete		☐ Change ☐ Addition

CR2E037 (9/01)

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: K. DEEPAK KAPOOR MARCH 01, 2002 (321) 242-9520
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #