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

FILED
May 14, 2002 8:00 am
Secretary of State
05-14-2002 90192 001 *****8.75
05-14-2002 90192 002 ****61.25

DOCUMENT # N97000004634

1. Entity Name
HANUMAN SIDDHI MANDALI + CULTURAL CENTER INC (VC) LW

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
806 26th STREET	5130 GREENWAY RD
Suite, Apt. #, etc. NA	Suite, Apt. #, etc. NA
City & State ORLANDO, FL	City & State KISS, FL
Zip 32805 Country ORANGE	Zip 34746 Country OSCEOLA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3476256 — Applied For ☐ Not Applicable ☒

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

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7. Name and Address of Current Registered Agent

Name RAJENDRA R. SITAHAL

Street Address (P.O. Box Number is Not Acceptable) 5130 GREENWAY RD

City KISSIMMEE FL Zip Code 34746

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 NA
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR

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	PRESIDENT - DIRECTOR
NAME	RAJENDRA R. SITAHAL
STREET ADDRESS	5130 GREENWAY RD
CITY-ST-ZIP	KISSIMMEE FL 34746
TITLE	V. PRESIDENT
NAME	INDERJIT SAHADEO
STREET ADDRESS	7161 STEFFIE LANE
CITY-ST-ZIP	ORL, FL 32818
TITLE	SECETARY
NAME	SUSHANA D. RAGBIR
STREET ADDRESS	7402 GOLDENPOINTE BLVD
CITY-ST-ZIP	ORL, FL 32807
TITLE	TREASURER
NAME	HARI SINGH
STREET ADDRESS	2713 LOGANDALE DR
CITY-ST-ZIP	ORL FL 32817
TITLE	ASST SECETARY
NAME	SANDRA PERSAUD
STREET ADDRESS	5797 BROOKGREEN AVE
CITY-ST-ZIP	ORL, FL 32839
TITLE	ASST TREASURER
NAME	PAM STUART
STREET ADDRESS	806 26th ST
CITY-ST-ZIP	ORL FL 32805

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Rajendra R. Sitahal RAJENDRA R. SITAHAL 04/29/02 (407) 709 8964
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #