

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90347 050 ****70.00

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1. Entity Name

HANUMAN SIDDHI MANDALI & CULTURAL CENTER INC.



Principal Place of Business

Mailing Address

**806 26TH STREET
ORLANDO FL 32805**

**5130 GREENWAY ROAD
KISSIMMEE FL 34746**

11036551



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3476256**

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

**SITAHAL, RAJENDRA R
5130 GREENWAY RD.
KISSIMMEE FL 34746**

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PCHR
SITAHAL, RAJENDRA R
5130 GREENWAY RD.
KISSIMMEE FL 34746** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
BALGOBIN, SURSATIE
7079 BLAIR DRIVE
ORLANDO FL 32818** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
STUART, PAM
806 26TH STREET
ORLANDO FL 32806** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
HARI, SINGH
2713 LONGDALE DR
ORLANDO, FL 32817** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
SAHADEO, KISHORE
7161 STEFFIE LANE
ORLANDO FL 32818** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
NARINE, PT CHUNILALL
5130 GREENWAY ROAD
KISSIMMEE FL 34746** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GOSAI, SHRI PRAKASH
5130 GREENWAY ROAD
KISSIMMEE FL 34746** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**~~DR CHANDRA ALEONE~~
DR CHANDRA ALEONE
306 RAVEN CIRCLE
WYOMING, DELAWARE 19934** ☐ Change ☐ Addition

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:

Rajendra R. Sitahal
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407-390-0116

CR2E037 (10/02)