


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

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90855 039 ****61.25

DOCUMENT # N97000005589

1. Entity Name
RAMA KRISHNA HINDU ORGANIZATION FLORIDA, INC.



Principal Place of Business
**8110 NW 20 COURT
SUNRISE FL 33323**

Mailing Address
**8110 NW 20 COURT
SUNRISE FL 33323**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0797921**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

DASS, KEN
8110 NW 20 COURT
SUNRISE FL 33323

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

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

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	DASS, KENNETH	
STREET ADDRESS	8110 NW 20 COURT	
CITY-ST-ZIP	SUNRISE FL 33323	
TITLE	SD	<input type="checkbox"/> Delete
NAME	JARMOON, MAHARAT E	
STREET ADDRESS	11321 NW 32RD PL	
CITY-ST-ZIP	SUNRISE FL 33323	
TITLE	V	<input type="checkbox"/> Delete
NAME	BEHARRIFAL, BLEAQUEURDERN	
STREET ADDRESS	6271 NW 16 PLACE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33323	
TITLE	T	<input type="checkbox"/> Delete
NAME	BALLIRAM, GOPAUL	
STREET ADDRESS	9906 N W 41 STREET	
CITY-ST-ZIP	SUNRISE FL 33351	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JARMOON MAHARAT	
STREET ADDRESS	11321 NW 32nd Place	
CITY-ST-ZIP	SUNRISE FL 33323	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEHARRIFAL Bhagwandeem	
STREET ADDRESS	6271 NW 16 PLACE	
CITY-ST-ZIP	SUNRISE, FL 33323	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALLIRAM GOPAUL	
STREET ADDRESS	9906 NW 41 Street	
CITY-ST-ZIP	SUNRISE, FL 33351	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 empowered.

SIGNATURE: Kenneth Dass **REQUIRED**

CR2E037 (10/02)