Applied For

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9700006315

GAYATRI MISSION USA, INC.

Principal F	tace of Business
6600 N.W.	

21

2. Principal Place of Business

Suite, Apt. #, etc.

Mailing Address

6600 N.W. 82 AVE. MIAMI FL 33166

2a. Mailing Address

Suite, Apt. #, etc.

FILED Apr 28, 1999 8:00 am § Secretary of State

04-28-1999 90040 042 ****61.25

* 4 3 6 9 7 7 9 *

3. Date incorporated or Qualifed

11/07/1997

4. FEI Number



22		27					65-0793122			Not Applicable	
City & Stat	de	City & State				5. Certifcate of Status Desired			\$8.75 Additional Fee Required		
Zip 24	Country Zip		Cour	Country			Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		
9. Name and Address of Current Registered Agent			_ [10. Name and A	ddress of New	Registere d .	Agent		
				81	Name						
ONIOL D	*** 1/		ļ		01	desas (D.O. Ber Muse	har is Alat Assent	oble)			
SINGH, RAM K 6600 N.W. 82 AVE. MIAMI FL 33166				82 Street Address (P.O. Box Number is Not Acceptable)							
				83							
MIAMI PL	33100					 			7:- 0	ada	
				84	City			FL	85 Zip C	ode	
office or r	to the provisions of Sections 617.050 registered agent, or both, in the State am familiar with, and accept the obligation of the control of t	of Florida. Such change was tions of, Section 617.0503, F - Mikul Mika	s authorized Florida Statu	by ti ites.	ne corpora	rporation submits this tion's board of director PRESIDE ired when reinstaling)	rs. I nereby acce	pt the appoi	ilinein as reg	istoreu	
	Signature, typed or printed name of registered age			Agent	signature requ	ired when reinstating)	HANGES TO OF	DATE AN	n nipectói	28 IN 12	
12.		D DIRECTORS	13.			ADDITIONSA	HANGES TO OF	TICERS 4IV	Change	Addition	
TITLE	P	☐ DELETE	1.1 TIT		-				☐ Onlange		
NAME	SINGH, RAM K			1.2 NAME							
STREET ADDRESS		Е.		1.3 STREET ADDRESS						}	
CITY-ST-ZIP	MIAMI FL 33166			1.4 CITY-ST-ZIP					Change	Addition	
TITLE	V	☐ DELETE	2.1 TIT						☐ Criainge		
NAME	AGARWAL, RAM P			2.2 NAME							
STREET ADDRESS	8220 S.W. 133 ST.	2.		2.3 STREET ADDRESS							
CITY-ST-ZIP	MIAMI FL 33156		2. 4 CF		-ZIP				Change	Addition	
TITLE	S	☐ DELETE	3 1 TIT		}				Change	Addition	
NAME	LINHART, RICHARD V		32 NA	ME	ļ						
STREET ADDRESS	7101 W. COMMERCIAL BLVD.	STE. 4E	3.3 ST	REET/	ADDRESS						
CITY-ST-ZIP	FT. LAUDERDALE FL 33319		3.4. Cf	_	· ZIP					[Addition	
TITLE	T	☐ DELETE	4.1 TIT	LE					Change	Addition	
NAME	SHARMA, ARUN		4. 2 N								
STREET ADDRESS	6651 CUSTER ST.		4.3 ST	REET	ADDRESS						
CITY-ST-ZIP	HOLLYWOOD FL 33024		4.4 CIT		-ZIP						
TITLE	PD	☐ DELETE	5.1 TIT						Change	☐ Addition	
NAME	SING, R K		5.2 NA							!	
STREET ADDRESS	6600 NW 82 AVE				ADDRESS						
CITY-ST-ZIP	MIAMI FL 33166			ry-st-	-ZIP						
TITLE	VD	☐ DELETE	6.1 TIT		İ				Change	☐ Addition	
NAME	AGARWAL, R		6.2 NA	ME							
STREET ADDRESS			6.3 ST	REET	ADDRESS						
CITY-ST-ZIP	MIAMI FL 33156		6.4 CIT								
14 I horowy	certify that the information supplied w	th this filing does not qualify	for the exer	mntic	on stated in	Section 119.07(3)(i)	Florida Statutes.	I further per	tify that the ir	formation	

nereby certay that the information supplied with this hinty does not qualify for the exemption stated in Section 1.19.0 (5.0), Frontal statutes, indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on ap attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICIER OR DIRECTOR Date Date Dayline Phone #