

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006315

1. Entity Name

GAYATRI MISSION USA, INC.

Principal Place of Business

6600 N.W. 82 AVE.
MIAMI FL 33166

Mailing Address

6600 N.W. 82 AVE.
MIAMI FL 33166

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

65-0793122

Applied For

Not Applicable

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

SINGH, RAM K
6600 N.W. 82 AVE.
MIAMI FL 33166

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 ☐ Delete
P
SINGH, RAM K
STREET ADDRESS 6600 N.W. 82 AVE.
CITY-ST-ZIP MIAMI FL 33166

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

TITLE NAME ☐ Delete
V
AGARWAL, RAM P
STREET ADDRESS 8220 S.W. 133 ST.
CITY-ST-ZIP MIAMI FL 33156

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

TITLE NAME ☐ Delete
S
LINHART, RICHARD V
STREET ADDRESS 7101 W. COMMERCIAL BLVD. STE. 4E
CITY-ST-ZIP FT. LAUDERDALE FL 33319

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

TITLE NAME ☐ Delete
T
SHARMA, ARUN
STREET ADDRESS 6651 CUSTER ST.
CITY-ST-ZIP HOLLYWOOD FL 33024

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

TITLE NAME ☐ Delete
PD
SING, R K
STREET ADDRESS 6600 NW 82 AVE
CITY-ST-ZIP MIAMI FL 33166

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

TITLE NAME ☐ Delete
VD
AGARWAL, R
STREET ADDRESS 8220 SW 133 ST
CITY-ST-ZIP MIAMI FL 33156

TITLE NAME ☐ Change ☐ Addition
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:

SIGNATURE REQUIRED: SINGH, PRESIDENT 3-21-01 305-591-3911

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)