

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

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90189 015 \*\*\*\*\*61.25

034345

**DOCUMENT # N98000002516**

1. Entity Name

**TELUGU ASSOCIATION OF SOUTH FLORIDA, INC.**



Principal Place of Business

**15726 SW 17 ST  
DAVIE FL 33326**

Mailing Address

**15726 SW 17 ST  
DAVIE FL 33326**

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 **65-0831624**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**KALJDHINDI, SANTI  
15726 SW 17 ST.  
DAVIE FL 33326**

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

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

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>POLAVARAPU, JAYARAM</b>	
STREET ADDRESS	<b>4200 NW 26 AVE</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33434</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MONDRATY, RAJ</b>	
STREET ADDRESS	<b>9705 FOUNTAINEBLEAU BLVD # 211</b>	
CITY-ST-ZIP	<b>MIAMI FL 33172</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>YERRA, SAILAJA</b>	
STREET ADDRESS	<b>8628 NW 44 ST</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33351</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>KALIDINDI, RAJU</b>	
STREET ADDRESS	<b>15726 SW 17 ST</b>	
CITY-ST-ZIP	<b>DAVIE FL 33326</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>YALAMANCHI, ROSE</b>	
STREET ADDRESS	<b>5232 LEITNER DR</b>	
CITY-ST-ZIP	<b>POMPANO BEACH FL 33067</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>PRASAD, U.S.</b>	
STREET ADDRESS	<b>121 PUFFIN CT</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33411</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SRADHA DEVI PRASAD</b>	
STREET ADDRESS	<b>121 PUFFIN CT</b>	
CITY-ST-ZIP	<b>ROYAL PALM BEACH, FL 33411</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NAGESH TUMMALA</b>	
STREET ADDRESS	<b>5317 SW 33 TR</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE, FL 33312</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MANSA TUMMALAPALLE</b>	
STREET ADDRESS	<b>19673 NW 82 PL</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33015</b>	
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		
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:

**SIGNATURE REQUIRED**

4/20/03

305-829-1383

CR2E037 (10/02)