

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N99000000647**

1. Entity Name

HINDU MANDIR OF PALM BEACH, INC.**FILED****Feb 14, 2000 8:00 am
Secretary of State**

02-14-2000 90035 001 ****61.25

Principal Place of Business

Mailing Address

**15802 CYPRESS PARK DRIVE
WELLINGTON FL 33414****15802 CYPRESS PARK DRIVE
WELLINGTON FL 33414-6344**

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

65-0891267

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**NADGONDE, SURESH
15802 CYPRESS PARK DRIVE
WELLINGTON FL 33414**

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	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	NADGONDE, SURESH	15802 CYPRESS PARK DRIVE	WELLINGTON FL 33414	<input type="checkbox"/>
VPD	THAKORE, ARVIND	6249 LANDSDOWN CIRCLE	BOYNTON BEACH FL 33437	<input type="checkbox"/>
VPD	PATHAK, NIRANJAN	9431 BLOOMFIELD DR.	PALM BEACH GARDENS FL 33410	<input type="checkbox"/>
TD	SAVDAS, NARAYAN	836 CINNAMON ROAD	N. PALM BEACH FL 33408	<input type="checkbox"/>
SD	NADGONDE, BHAIKAVI	15802 CYPRESS PARK DRIVE	WELLINGTON FL 33414	<input type="checkbox"/>
D	JAJU, LAXMINIVAS	1999 S. MILITARY TR.	W. PALM BEACH FL 33415	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02/08/00**561 864 2355**

CR2E037 (9/99)