

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000001839

1. Entity Name

HINDU HERITAGE, INC.

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90062 027 ****61.25

Principal Place of Business

310 BELVEDERE ROAD
WEST PALM BEACH FL 33405

Mailing Address

310 BELVEDERE ROAD
WEST PALM BEACH FL 33405-1212

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0933670

Applied For

Not Applicable

Zip

Country

Zip

Country

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

PARIKH, KANU R
310 BELVEDERE ROAD
WEST PALM BEACH FL 33405

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 D ☐ Delete
NAME SHAH, CHAMPAK
STREET ADDRESS 905 SAND TREE DR
CITY-ST-ZIP PALM BEACH GARDENS FL 33403

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

TITLE D ☐ Delete
NAME ZAVERI, VIJAY
STREET ADDRESS 6520 SW 98TH CT
CITY-ST-ZIP MIAMI FL 33156

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

TITLE D ☐ Delete
NAME PARIKH, KANU
STREET ADDRESS 310 BELVEDERE ROAD
CITY-ST-ZIP WEST PALM BEACH FL 33405

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

TITLE D ☐ Delete
NAME PARIKH, SHRIKANT
STREET ADDRESS 1601 S.W. 82ND COURT
CITY-ST-ZIP MIAMI FL 33155

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

TITLE D ☒ Delete
NAME PATHAK, NIRANJAN
STREET ADDRESS 9431 BLOOMFIELD DRIVE
CITY-ST-ZIP PALM BEACH GARDENS FL 33410

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/20/2000 (561)-832-0094
Date Daytime Phone #

CR2E037 (9/99)