

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 24, 2001 8:00 am
Secretary of State

07-24-2001 90042 050 ****61.25

DOCUMENT # N 99000001839

1. Entity Name **HINDU HERITAGE INC**

LA

Principal Place of Business Mailing Address

8096 ROSEMARIE AVE E
BOYNTON BEACH, FL 33437

SAME

2. Principal Place of Business **8096 ROSEMARIE AVE E, BEACH** 3. Mailing Address **8096 ROSEMARIE AVE E, BOYNTON BEACH, FL 33437**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State **BOYNTON BEACH**

City & State **FL 33437**

4. FEI Number **65-0933670**

Applied For
 Not Applicable

Zip **33437** Country **USA**

Zip **33437** Country **USA**

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

KANU PARIKH
8096 ROSEMARIE AVE E
BOYNTON BEACH, FL 33437

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 name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT / REGISTERED AGENT**
 NAME **KANU PARIKH**
 STREET ADDRESS **8096 ROSEMARIE AVE E**
 CITY-ST-ZIP **BOYNTON BEACH FL 33437**

TITLE **PRESIDENT / REGISTERED AGENT**
 NAME **KANU PARIKH**
 STREET ADDRESS **8096 ROSEMARIE AVE E**
 CITY-ST-ZIP **BOYNTON BEACH, FL 33437**

TITLE **D**
 NAME **CHAMPAK SHAM**
 STREET ADDRESS **905 SAND TREE DRIVE**
 CITY-ST-ZIP **PALM BEACH GARDENS FL 33403**

TITLE **V.P.**
 NAME **CHAMPAK SHAM**
 STREET ADDRESS **905 SAND TREE DRIVE**
 CITY-ST-ZIP **PALM BEACH GARDENS FL 33403**

TITLE **D**
 NAME **DR. VIJAY ZAVERI**
 STREET ADDRESS **6520 S.W. 98th Street**
 CITY-ST-ZIP **MIAMI FL 33156**

TITLE **D**
 NAME **DR. VIJAY ZAVERI**
 STREET ADDRESS **6520 S.W. 98th Street**
 CITY-ST-ZIP **MIAMI FL 33156**

TITLE **T**
 NAME **SHRIKANT PARIKH**
 STREET ADDRESS **1601 S.W. 82nd Ct. Miami**
 CITY-ST-ZIP **MIAMI FL 33155**

TITLE **SECRETARY**
 NAME **NILESH PARIKH**
 STREET ADDRESS **8096 ROSEMARIE AVE E**
 CITY-ST-ZIP **BOYNTON BEACH, FL 33437**

TITLE **T**
 NAME **NIRANJAN PATHAK**
 STREET ADDRESS **9431 BLOOM FIELD DRIVE**
 CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**

TITLE **TREASURER**
 NAME **MAULISHA PARIKH**
 STREET ADDRESS **603 SOUTH U.S. 1**
 CITY-ST-ZIP **STUART FL.**

TITLE **D**
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

KANU PARIKH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/26/01

(561) 364-7689

Date

Daytime Phone #

CR2E034 (11/00)



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

July 10, 2001

HINDU HERITAGE, INC.
8096 ROSE MARIE AVE E
BOYNTON BEACH, FL 33437

SUBJECT: HINDU HERITAGE, INC.
Ref. Number: N99000001839

We have received your check(s) totaling \$61.25; however it cannot be processed and is being returned for the following:

Provide the title(s) of each officer/director listed on the report or on an attachment.

A non-profit corporation must list three (3) directors or (3) trustees and their street addresses in block 10 or 11. Use a "D" or "T" to designate the title.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Sean Toner
Senior Section Administrator

Letter Number: 701A00040636