

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90096 016 ****70.00

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1. Entity Name

HINDU HERITAGE, INC.



Principal Place of Business

253 WINDSOR L
WEST PALM BEACH FL 33417

Mailing Address

253 WINDSOR L
WEST PALM BEACH FL 33417

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

65-0933670

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

PARIKH, KANU R
253 WINDSOR L
WEST PALM BEACH FL 33417

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
Due By May 1, 2004

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

11. PD ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME PARIRM, KANU ☐ Delete
STREET ADDRESS 253 WINDSOR L
CITY-ST-ZIP WEST PALM BEACH FL 33417

TITLE PD
NAME PARIKH KANU ☐ Change ☐ Addition
STREET ADDRESS 253 WINDSOR L
CITY-ST-ZIP WEST PALM BEACH FL 33417

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

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

TITLE VPT
NAME SHAM, CHAMPAK ☐ Delete
STREET ADDRESS 905 SAND TREE DRIVE
CITY-ST-ZIP PALM BEACH GARDENS FL 33403

TITLE VPT
NAME SHAH CHAMPAK ☐ Change ☐ Addition
STREET ADDRESS 905 SAND TREE DRIVE
CITY-ST-ZIP PALM BEACH GARDENS FL 33403

TITLE ST
NAME PARIKH, NILESH ☐ Delete
STREET ADDRESS 6164 C DURHAM DR
CITY-ST-ZIP LAKE WORTH FL 33467

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

TITLE TT
NAME PARIKH, MAULISH ☐ Delete
STREET ADDRESS 603 SOUTH US 1
CITY-ST-ZIP STUART FL

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KANU PARIKH

Date

Daytime Phone #

04/15/04

561-689-7578