

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001630

Entity Name: SOCIETY FOR INFORMATION MANAGEMENT, SOUTH
FLORIDA CHAPTER, INC.**FILED**
Mar 20, 2024
Secretary of State
0516984406CC**Current Principal Place of Business:**ATTN: VYOM UPADHYA
1314 E LAS OLAS BLVD #2082
FT. LAUDERDALE, FL 33301**Current Mailing Address:**ATTN: VYOM UPADHYA
1314 E LAS OLAS BLVD #2082
FT. LAUDERDALE, FL 33301 US**FEI Number: 27-0142215****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**SIM SOUTH FLORIDA
ATTN: VYOM UPADHYA
1314 E LAS OLAS BLVD #2082
FT. LAUDERDALE, FL 33301 US*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: PATRICK WRIGHT****03/20/2024**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	VYOM, UPADHYA PRESIDENT
Address	ATTN: VYOM UPADHYA 1314 E LAS OLAS BLVD #2082
City-State-Zip:	FT. LAUDERDALE FL 33301

Title	VP
Name	NANDISH, PATEL
Address	ATTN: NANDISH PATEL 1314 E LAS OLAS BLVD #2082
City-State-Zip:	FT. LAUDERDALE FL 33301

Title	TREASURER
Name	RAO, HARIKA DR.
Address	ATTN: HARIKA RAO 1314 E LAS OLAS BLVD #2082
City-State-Zip:	FT. LAUDERDALE FL 33301

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: HARIKA RAO**TREASURER****03/20/2024**

Electronic Signature of Signing Officer/Director Detail

Date