

**2019 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F08000004900

**Entity Name:** VISHWA NIRMALA DHARMA CORPORATION**Current Principal Place of Business:**4565 SHERMAN OAKS AVE  
SHERMAN OAKS, CA 91403**Current Mailing Address:**8361 NW 7TH ST  
PEMBROKE PINES, FL 33024**FEI Number:** 33-0240163**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**UPADHYA, LOUISA  
8361 NW 7TH ST  
PEMBROKE PINES, FL 33024 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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	CH
Name	SHRI MATAJI NIRMALA DEVI SHRIVASTAVA
Address	4565 SHERMAN OAKS AVE
City-State-Zip:	SHERMAN OAKS CA 91403

Title	PRES
Name	VANCE, CAROLYN
Address	4565 SHERMAN OAKS AVE
City-State-Zip:	SHERMAN OAKS CA 91403

Title	CFO
Name	NALGILKAR, RAHUL
Address	4565 SHERMAN OAKS AVE
City-State-Zip:	SHERMAN OAKS CA 91403

Title	DIR
Name	SHRIVASTAVA, C.P. SIR
Address	4565 SHERMAN OAKS AVE
City-State-Zip:	SHERMAN OAKS CA 91403

Title	SECT
Name	LOUISA, UPADHYA
Address	4565 SHERMAN OAKS AVE
City-State-Zip:	SHERMAN OAKS CA 91403

*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:** LOUISA UPADHYA

SECT

03/31/2019

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date