

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

0060431

05-17-2001 90380 047 ****61.25

DOCUMENT # N95000004594

1. Entity Name

FOUNDATION FOR WORLD AWAKENING N.A., INC.

Principal Place of Business

Mailing Address

**8743 HUNTFIELD STREET
 TAMPA FL 33635**

**8743 HUNTFIELD STREET
 TAMPA FL 33635**

551203



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3336774

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

**RAJU, R G
 8901 NORTH DALE MABRY HIGHWAY
 SUITE #38
 TAMPA FL 33614**

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	<input type="checkbox"/> Delete
NAME	KUMAR, SUBRAMANIAN M	
STREET ADDRESS	8743 HUNTFIELD STREET	
CITY-ST-ZIP	TAMPA FL 33635	
TITLE	D	<input type="checkbox"/> Delete
NAME	KASUKHELA, BHASKAR R	
STREET ADDRESS	366 WILLOW BROOKE DR	
CITY-ST-ZIP	N. BRUNSWICK NJ 08902	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOSODEEN, PRAIMATEE	
STREET ADDRESS	104-16, 32 AVENUE	
CITY-ST-ZIP	EAST ELMHURST NY 15146	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		

CR2E037 (10/00)

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:

SUBRAMANIAN M KUMAR - PRESIDENT & DIRECTOR