


**03 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 MAY -8 AM 9:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *NO 6264*
1. Entity Name *THE TAMIL CULTURAL ASSOCIATION*



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>12706 W. MIDWAY RD</i> Suite, Apt. #, etc.		3. Mailing Address <i>12706 W. MIDWAY RD</i> Suite, Apt. #, etc.	
City & State <i>FT. PIERCE FLA.</i>	City & State <i>FT. PIERCE FLA</i>	4. FEI Number <i>650138198</i>	Applied For <input type="checkbox"/> Not Applicable
Zip <i>34945</i>	Country <i>USA</i>	Zip <i>34945</i>	Country <i>USA</i>

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name *JAYAHNAR NAGAPOOLAY*

Street Address (P.O. Box Number is Not Acceptable)
12706 W. MIDWAY RD.

City *FT. PIERCE FL* Zip Code *34945*

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 *Jayahnar Nagapoolay* (NOTE: Registered Agent signature required when reinstating) DATE *5-5-03*

FEE IS \$61.25 Initial or Amended UBR	9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>P/D JAYAHNAR NAGAPOOLAY 12706 W. MIDWAY RD FT. PIERCE FL 34945</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>000018580590 05/09/03-01012-001 **75.00</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>S GAIREE LAKRAM 3084 N.E. 5 AVE WILTON MANORS 33334</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>T SITA SUKU 3084 N.E. 5 AVE WILTON MANORS 33334</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Jayahnar Nagapoolay* *JAYAHNAR NAGAPOOLAY, President 5-5-03 1772-460-3881*

CR2E037B (12/02)