

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2001 8:00 am
Secretary of State

0047657

DOCUMENT # F93000003138

1. Entity Name

FRIENDS OF BIJNOR, INC.

01-18-2001 90004 011 ****75.00

Principal Place of Business: **7518 NW 66TH TERRACE TAMARAC FL 33321**
 Mailing Address: **7518 NW 66TH TERRACE TAMARAC FL 33321**

603591



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: Suite, Apt. #, etc., City & State, Zip, Country
 3. Mailing Address: Suite, Apt. #, etc., City & State, Zip, Country

4. FEI Number: **11-3056403**
 Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent: **FREMER, GERALDINE, 7518 NW 66TH TERRACE, TAMARAC FL 33321**
 7. Name and Address of New Registered Agent: Name, Street Address (P.O. Box Number is Not Acceptable), City, State (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: _____ (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 NAME: FREMER, GERALDINE STREET ADDRESS: 7518 N. W. 66TH TERRACE CITY-ST-ZIP: TAMARAC FL	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: KOTTOOR, VARGHESE C STREET ADDRESS: BISHOP'S HOUSE, KOTDWAR-GARHWAL CITY-ST-ZIP: U. P. 246 149 IN	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: S NAME: CURTIN, TIMOTHY A REV STREET ADDRESS: ST. IGNATIUS RETREAT HOUSE CITY-ST-ZIP: SEARINGTOWN ROAD MA	<input type="checkbox"/> Delete	TITLE: S NAME: JOHN S. WOLINSKI STREET ADDRESS: 7900 N.W. 74 PLACE CITY-ST-ZIP: TAMARAC, FLORIDA 33321	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: T NAME: MUNDADAN, GRATIAN J REV STREET ADDRESS: BISHOP'S HOUSE, KOTDWAR-GARHWAL CITY-ST-ZIP: U. P. 246 149 IN	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED Date: 1/18/01 Daytime Phone #: 564-126-1212

CR2E037 (10/00)