

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

02-10-2002 90012 042 ****70.00

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DOCUMENT # F93000003138

1. Entity Name
FRIENDS OF BIJNOR, INC.

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

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country 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 7. Name and Address of New Registered Agent

FREMER, GERALDINE Name
7518 NW 66TH TERRACE Street Address (P.O. Box Number is Not Acceptable)
TAMARAC FL 33321 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 _____ (NOTE: Registered Agent signature required when re-registering) 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 NAME STREET ADDRESS CITY-ST-ZIP	D FREMER, GERALDINE PRESIDENT <input type="checkbox"/> Delete 7518 N. W. 66TH TERRACE TAMARAC FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOTTOOR, VARGHESE C VICE PRESIDENT <input type="checkbox"/> Delete BISHOP'S HOUSE, KOTDWAR-GARHWAL U. P. 246 149 IN	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CURTIN, TIMOTHY A REV DELETED <input type="checkbox"/> Delete ST. IGNATIUS RETREAT HOUSE SEARINGTOWN ROAD MA	TITLE NAME STREET ADDRESS CITY-ST-ZIP	LUCIA EUGENIO RECORDING <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 8 PENN STREET STATEN ISLAND, NEW YORK 10314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	I MUNDADAN, GRATIAN J REV TREASURER <input type="checkbox"/> Delete BISHOP'S HOUSE, KOTDWAR-GARHWAL U. P. 246 149 IN	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WOLINSKI, JOHN S SECRETARY <input type="checkbox"/> Delete 7900 NW 74 PLACE TAMARAC FL 33321	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]* **SIGNATURE REQUIRED** Date 4-9-02 Daytime Phone # 571-16-1010