

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2003 8:00 am
Secretary of State

05-27-2003 90167 044 ****70.00

DOCUMENT # F93000003138



1. Entity Name
FRIENDS OF BIJNOR, INC.

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

Mailing Address
**7518 NW 66TH TERRACE
TAMARAC FL 33321**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **11-3056403**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FREMER, GERALDINE
7518 NW 66TH TERRACE
TAMARAC FL 33321**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* DATE **4/12/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00 May Be Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
D	FREMER, GERALDINE	7518 N. W. 66TH TERRACE	TAMARAC FL				
D	KOTTOOR, VARGHESE C	BISHOP'S HOUSE, KOTDWAR-GARHWAL	U. P. 246 149 IN				
T	MUNDADAN, GRATIAN J. REV	BISHOP'S HOUSE, KOTDWAR-GARHWAL	U. P. 246 149 IN				
S	WOLINSKI, JOHN S	7900 NW 74 PLACE	TAMARAC FL 33321				
RS	EUGENIO, LUCIA	8 PENN STREET	STATEN ISLAND NY 10314				

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

CR2E037 (10/02)