

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2001 8:00 am
Secretary of State

03-20-2001 90016 049 ***150.00

064855

DOCUMENT # K69199

*: Entity Name

INDUS INVESTMENTS, INC.

Principal Place of Business % KAMLESH PATEL 4486 N. SUNCOAST BLVD. CRYSTAL RIVER FL 34429 US	Mailing Address 2380 N/W US-19 CRYSTAL RIVER FL 34428 US
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 33-6645287		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent PATEL, KAMLESH 3921 N SEMINOLE PT CRYSTAL RIVER FL 34428				7. Name and Address of New Registered Agent			
				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
---	---	---	------------------------------------

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DESAI, PARESH 3475 S SUNCOAST BLVD HOMOSASSA SPRINGS FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATEL MAYUR 2380 N.W. HWY 19 CRYSTAL RIVER, FL 34428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POTU, PRASAD 700 SE 5TH TER CRYSTAL RIVER FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHUKLA, MANOJ 9030 W FOR ISLAND TRAIL CRYSTAL RIVER FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IYER, HARI 3475 S SUNCOAST BLVD HOMOSASSA SPRINGS FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATEL, KAMLESH P.O. BOX 3087, N/A HOMOSASSA SPRINGS FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **3/16/01** **352-795**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)