

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

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91865 020 \*\*\*\*61.25

**DOCUMENT # N00000000976**



1. Entity Name  
**SINDHI ASSOCIATION, INC.**

Principal Place of Business

**4420 G NE 20TH AVE  
OAKLAND PK FL 33309  
US**

Mailing Address

**10855 N.W. 27TH ST.  
MIAMI FL 33172  
US**

2. Principal Place of Business

**2 South Biscayne Blvd.**

Suite, Apt. #, etc.  
**Suite 3400**

City & State  
**Miami, Florida**

Zip  
**33131**

Country  
**USA**

3. Mailing Address

**2 South Biscayne Blvd.**

Suite, Apt. #, etc.  
**Suite 3400**

City & State  
**Miami, Florida**

Zip  
**33131**

Country  
**USA**



CHECK HERE IF MAKING CHANGES

4. FEI Number **31-1695289**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**HARPALANI, SURESH**  
**4420 G NE 20TH AVE**  
**FORT LAUDERDALE FL 33309**

7. Name and Address of New Registered Agent

Name  
**Valdes-Fauli Corporate Services**

Street Address (P.O. Box Number is Not Acceptable)  
**2 South Biscayne Blvd.**

**Suite 3400**

City  
**Miami**

FL Zip Code  
**33131**

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.

**Valdes-Fauli Corporate Services**

SIGNATURE

*Manesh H. Nanwani*

**4/30/2003**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

By: **Manesh H. Nanwani, Vice President**

**FEE 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD HARPALANI, SURESH 4420 G NE 20TH AVE OAKLAND PK FL 33309</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD MOTWANI, RAMOZA 4420 G NE 20TH AVE OAKLAND PK FL 33309</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD GULRAJANI, KRISHIN 4420 G NE 20TH AVE OAKLAND FL 33309</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD HARPALANI, JENNIFER 4420 G NE 20TH AVE OAKLAND PK FL 33309</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SEE ATTACHED CONTINUATION SHEET</b>	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/D Nanwani, Mahesh 2 South Biscayne Blvd., Suite 3400 Miami, FL 33131</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V/D Khemlani, Vashi 2 South Biscayne Blvd., Suite 3400 Miami, FL 33131</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T/D Patel, Dipak 2 South Biscayne Blvd., Suite 3400 Miami, FL 33131</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S/D Dhairyawan, Rajesh 2 South Biscayne Blvd., Suite 3400 Miami, FL 33131</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Bharwani, Nick 2 South Biscayne Blvd., Suite 3400 Miami, FL 33131</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Mayani, Paul 2 South Biscayne Blvd., Suite 3400 Miami, FL 33131</b>	<input type="checkbox"/> Change <input checked="" 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:

*Manesh H. Nanwani*  
**SIGNATURE REQUIRED, President**

**4/30/2003**  
**305-376-6068**

CR2E037 (10/02)

Attachment  
~~NO00000000990~~  
80113869

**ATTACHMENT TO 2003 UNIFORM BUSINESS REPORT FOR  
SINDHI ASSOCIATION, INC.**

D  
Patel, Anil  
2 South Biscayne Blvd., Suite 3400  
Miami, FL 33131