2003 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003
Secretary of State

DOCUMENT# N99000007674

Entity Name: VIVEK WELFARE AND EDUCATIONAL FOUNDATION, INC.

Current Principal Place of Business:

5200 VINELAND RD. STE 200
ORLANDO, FL 32811

New Principal Place of Business:

Current Mailing Address:

5200 VINELAND RD. STE 200
ORLANDO, FL 32811

New Mailing Address:

FEI Number: 59-3629507 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AGGARWAL, BRAHAM R
7636 APPLE TREE CIRCLE
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	AGGARWAL, BRAHAM R	
Address:	5200 VINELAND RD STE 200	
City-St-Zip:	ORLANDO, FL 32811	
Title:	D	( ) Delete
Name:	AGGARWAL, AVANISH M	
Address:	5200 VINELAND RD STE 200	
City-St-Zip:	ORLANDO, FL 32811	
Title:	D	( ) Delete
Name:	GUPTA, SURESH	
Address:	5200 VINELAND RD STE 200	
City-St-Zip:	ORLANDO, FL 32811	
Title:	VP	( ) Delete
Name:	BREWER, MARK	
Address:	P.O./ BOX 20741	
City-St-Zip:	ORLANDO, FL 32808	
Title:	D	( ) Delete
Name:	MEHTA, MAHESH J	
Address:	43 VALLEY RD	
City-St-Zip:	NEEDHAM, MA 02192	
Title:	S	( ) Delete
Name:	TIWARI, RANA	
Address:	P O BOX 677906	
City-St-Zip:	ORLANDO, FL 328677906	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AGGARWAL BRAHAM MGR 05/01/2003

Electronic Signature of Signing Officer or Director — Date