

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 24, 2001 8:00 am**  
**Secretary of State**

07-24-2001 90039 035 \*\*\*\*61.25

**DOCUMENT # N00000001969**

1. Entity Name

**INDO CARIBBEAN FEDERATION INC. OF FL.**



Principal Place of Business

Mailing Address

6330 BUENA VISTA DR.  
 CORAL BAY FL 33063

P.O. BOX 670545  
 CORAL SPRINGS FL 33067

2. Principal Place of Business

3. Mailing Address

6330 BUENA VISTA DR

P.O. BOX 670545

Suite, Apt. #, etc.

Suite, Apt. #, etc.

MARGATE FL

CORAL SPRINGS

City & State

City & State

MARGATE FL

FL

Zip

Country

33063

USA

Zip

Country

33067

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

Applied For

65-1039305

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

JAGOPAT, RAJPATTIE  
 4900 LIGHTHOUSE CIRCLE, APT. J  
 COCONUT CREEK FL 33067

Name

RAJPATTIE JAGOPAT

Street Address (P.O. Box Number is Not Acceptable)

6330 BUENA VISTA DR

City

CORAL BAY MARGATE FL

Zip Code

33063

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

RAJPATTIE JAGOPAT (PRESIDENT)

*[Handwritten Signature]*

7-12-2001

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

(NOTE: Registered Agent signature required when reinstating.)

DATE

FILE NOW: FEE IS \$61.25

After September 12, 2001, min. will be \$236.25

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	D	<input type="checkbox"/> Delete
NAME	SAROJINI JOB, CAROLINE	
STREET ADDRESS	4900 LIGHTHOUSE CIRCLE, APT. J	
CITY-ST-ZIP	COCONUT CREEK FL 33067	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DOOKHAN, SUDARSAN	
STREET ADDRESS	4900 LIGHTHOUSE CIRCLE, APT. J	
CITY-ST-ZIP	COCONUT CREEK FL 33067	
TITLE	PT	<input type="checkbox"/> Delete
NAME	JAGOPAT, RAJ PATTIE	
STREET ADDRESS	4900 LIGHTHOUSE CIRCLE, APT. J	
CITY-ST-ZIP	COCONUT CREEK FL 33067	
TITLE	V	<input type="checkbox"/> Delete
NAME	HARBAJAN, TOOLSIE	
STREET ADDRESS	4900 LIGHTHOUSE CIRCLE, APT. J	
CITY-ST-ZIP	COCONUT CREEK FL 33067	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

RAJPATTIE JAGOPAT

*[Handwritten Signature]*

7-12-2001

954-917-6441

CR2E037 (5/01)