

DOCUMENT # N00000002524
1. Entity Name INDIA ASSOCIATION CULTURAL AND EDUCATION CENTER

FILED
Jan 11, 2001 8:00 am
Secretary of State

01-11-2001 90012 025 ****61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2091 SW 55TH STREET ROAD OCALA FL 34474	Mailing Address 2091 SW 55TH STREET ROAD OCALA FL 34474
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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4. FEI Number 59-3640862	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KARVE, NANDKUMAR R 2091 SW 55TH STREET ROAD OCALA FL 34474

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 _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President NANDKUMAR R. KARVE 2091 S.W. 55th St Rd. OCALA, FL, 34474 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President DIGVIJAY GAERKWA 2319 S.E. 30th place OCALA, FL, 34471 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary TINA CHANDRA 1980 S.W. 40th place Ocala, FL, 34474 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer DEVIKA KRISHNAN 3550 S.W. 26th AVE. OCALA, FL, 34474 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director PRABHAKAR RUMALLA 1330 S.E. 73rd place OCALA, FL, 34480 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director RASIK NAGDA 439 S.W. 48th St. Rd. OCALA, FL, 34474 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director ARVIND PATEL 3551, S.E. Pine Ave OCALA, FL, 34471 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director JAYANTI PATEL 3041 S. Pine Ave OCALA, FL, 34470 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director PRAVIN PATEL 5401 N.E. S. Springs Blvd Silver Springs, FL, 34489 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director ANGNA PATEL 401 S.E. 36th LANE OCALA, FL, 34471 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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: **SNEHATKAR, DEONFRIE KARVE** 1/3/2001 352-237-3084
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #