

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N00000002524

FILED
Apr 09, 2003
Secretary of State

Entity Name: INDIA ASSOCIATION CULTURAL AND EDUCATION CENTER OF NORTH CENTRAL FLORIDA, INC.

Current Principal Place of Business:

2091 SW 55TH STREET ROAD
OCALA, FL 34474

New Principal Place of Business:

Current Mailing Address:

2091 SW 55TH STREET ROAD
OCALA, FL 34474

New Mailing Address:

FEI Number: 59-3640862

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KARVE, NANDKUMAR R
2091 SW 55TH STREET ROAD
OCALA, FL 34474 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: P () Delete
Name: KARVE, NANDKUMAR R
Address: 2091 SW 55TH ST
City-St-Zip: OCALA, FL 34474

Title: VP () Delete
Name: GAEKWAD, DIGVIJAY
Address: 2319 SE 30TH PLACE
City-St-Zip: OCALA, FL 34471

Title: S () Delete
Name: CHANDRA, TINA
Address: 1980 SW 40TH PLACE
City-St-Zip: OCALA, FL 34474

Title: T () Delete
Name: KRISHNAN, DEVIKA
Address: 3550 SW 26TH AVE
City-St-Zip: OCALA, FL 34474

Title: D () Delete
Name: RUMALLA, PRABHAKAR
Address: 1330 SE 73RD PLACE
City-St-Zip: OCALA, FL 34480

Title: D () Delete
Name: NAGDA, RASIK
Address: 439 SW 48TH ST
City-St-Zip: OCALA, FL 34474

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: N R KARVE

P

04/09/2003

Electronic Signature of Signing Officer or Director

Date