

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 06, 2001 8:00 am
Secretary of State

09-06-2001 90273 048 ****70.00

DOCUMENT # N00000004000

1. Entity Name

SOUTH ASIA AGAINST AIDS FOUNDATION, INC.

Principal Place of Business

113 SEA ISLAND LANE
 BOCA RATON FL 33431

Mailing Address

113 SEA ISLAND LANE
 BOCA RATON FL 33431

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1023246

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~SEKHRI, SURINDER J
 113 SEA ISLAND LANE
 BOCA RATON FL 33431~~

7. Name and Address of New Registered Agent

Name **ASHA OLIVIA SEKHRI**

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

113 Sea Island Lane

City

Boca Raton, FL

FL

Zip Code

33431

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

Cedric Olu...
 (President and founder)

Aug. 29, 2001
 DATE

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

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW:
 FEE IS \$61.25**

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	PTD	<input type="checkbox"/> Delete
NAME	SEKHRI, ASHA O	
STREET ADDRESS	113 SEA ISLAND LANE	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SEKHRI, SURINDER J	
STREET ADDRESS	113 SEA ISLAND LANE	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	SEKHRI, LIGIA	
STREET ADDRESS	113 SEA ISLAND LANE	
CITY-ST-ZIP	BOCA RATON FL 33431	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Mehdi Zafar	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Vice President and Assistant Treasurer Director	
STREET ADDRESS	102-18, 62nd Avenue	
CITY-ST-ZIP	Forest Hills, NY 11375	
TITLE	Gawtam S. Goyal, Esquire	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Secretary and Director	
STREET ADDRESS	38 Kendall Avenue	
CITY-ST-ZIP	Maplewood, NJ 07040	
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		
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

August 29, 2001 *1-866-392-2625*
 Date Daytime Phone #

CR2E037 (10/00)