

# 2002 UNIFORM BUSINESS REPORT (UBR)

0033095

DOCUMENT # NO1000003272

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

2002 MAY -1 PM 4:40



DO NOT WRITE IN THIS SPACE

1. Entity Name  
**INDIAN ENTREPRENEUR OF FLORIDA, INC.**

Principal Place of Business  
**4243-B NORTHLAKE BLVD.  
PALM BEACH GARDENS FL 33410**

Mailing Address  
**4243-B NORTHLAKE BLVD.  
PALM BEACH GARDENS FL 33410**

2. Principal Place of Business  
**See above**

3. Mailing Address  
**8807 Indian River Run  
Suite, Apt. #, etc.  
Boynton Beach, FL.**

City & State  
**Boynton Beach, FL.**

City & State  
**Boynton Beach, FL.**

Zip  
**33437**

Country  
**USA**

4. FEI Number  
**65-1102242**

Applied For  
☒ Not Applicable

5. Certificate of Status Desired  
☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**BAROT, DILIP  
4243-B NORTHLAKE BLVD.  
PALM BEACH GARDENS FL 33410**

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 **Manoj Singh - MATANK SENGH D/ST** DATE **4/17/02**  
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BAROT, DILIP 4243-B NORTHLAKE BLVD. PALM BEACH GARDENS FL 33410	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D UGALE, RAVI M 4243-B NORTHLAKE BLVD. PALM BEACH GARDENS FL 33410	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ISHOOF, SAIF 4243-B NORTHLAKE BLVD. PALM BEACH GARDENS FL 33410	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KAKKAR, YASH PAL 4243-B NORTHLAKE BLVD. PALM BEACH GARDENS FL 33410	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Rahul Ranadive 4243-B Northlake Blvd Palm Beach Gardens, FL. 33410	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/ST Manoj Singh 4243-B Northlake Blvd Palm Beach Gardens, FL. 33410	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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
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
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 full name and title.

SIGNATURE: **Manoj Singh REOLMATANK SENGH D/ST** DATE **4/17/02** **561-762-6431**

CR2E037 (9/01)