

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 21, 2003 8:00 am**  
**Secretary of State**

07-21-2003 90357 026 \*\*\*\*61.25

001131

**DOCUMENT # NO1000003272**

1. Entity Name

**THE INDUS ENTREPRENEURS OF FLORIDA, INC.**



Principal Place of Business

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

Mailing Address

**8807 INDIAN RIVER RUN  
BOYNTON BEACH FL 33437**

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 **65-1102242**

Applied For

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

**BAROT, DILIP  
4243-B NORTHLAKE BLVD.  
PALM BEACH GARDENS FL 33410**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*[Signature]* Director

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*7/14/03*

**FILE NOW: FEE IS \$61.25  
After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	BAROT, DILIP	
STREET ADDRESS	4243-B NORTHLAKE BLVD.	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE	D	<input type="checkbox"/> Delete
NAME	UGALE, RAVI M	
STREET ADDRESS	4243-B NORTHLAKE BLVD.	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE	D	<input type="checkbox"/> Delete
NAME	ISHOOF, SAIF	
STREET ADDRESS	4243-B NORTHLAKE BLVD.	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE	D	<input type="checkbox"/> Delete
NAME	RANADIVE, RAHUL	
STREET ADDRESS	4243-B NORTHLAKE BLVD.	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE	STD	<input type="checkbox"/> Delete
NAME	SINGH, MAYANK	
STREET ADDRESS	4243-B NORTHLAKE BLVD.	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE	<del>STD</del>	<input type="checkbox"/> Delete
NAME	<del>SINGH, ANUJ</del>	
STREET ADDRESS	<del>4243-B NORTHLAKE BLVD.</del>	
CITY-ST-ZIP	<del>PALM BEACH GARDENS FL 33410</del>	

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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	STD/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SINGH, ANUJ	
STREET ADDRESS	4243-B Northlake Blvd.	
CITY-ST-ZIP	Palm Beach Gardens, FL 33410	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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

*7/14/03* 561-394-0550

CR2E037 (4/03)