


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

FILED
Aug 29, 2003 8:00 am
Secretary of State

08-29-2003 90088 001 ****70.00

DOCUMENT # N02000000835

1. Entity Name
INDIAN-AMERICAN ASSOCIATION OF GREATER ORLANDO INC.



Principal Place of Business
**3815 OCITA DR
ORLANDO FL 32837**

Mailing Address
**3815 OCITA DR
ORLANDO FL 32837**

2. Principal Place of Business
3815 OCITA DR ORLANDO, FL 32837


3. Mailing Address
3815 OCITA DR. ORLANDO, FL 32837

Suite, Apt. #, etc. _____

City & State
ORLANDO ORLANDO

Zip
32837

Country
ORANGE



CHECK HERE IF MAKING CHANGES

4. FEI Number _____ Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

**KANWAR, RAJINDER S
3815 OCITA DR
ORLANDO FL 32837**

7. Name and Address of New Registered Agent

Name **N.A.**

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.

N.A.

SIGNATURE *Rajinder S. Kanwar* 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
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

TITLE	P	<input type="checkbox"/> Delete
NAME	KANWAR, RAJINDER S	
STREET ADDRESS	3815 OCITA DR	
CITY-ST-ZIP	ORLANDO FL 32837	
TITLE	ST	<input type="checkbox"/> Delete
NAME	VIYULIE, SUBHASH C	
STREET ADDRESS	484 RAYMOND AVE	
CITY-ST-ZIP	LONGWOOD FL 32750	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		

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** *Rajinder S. Kanwar*

CR2E037 (4/03)