

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N02000003290

FILED  
Jun 18, 2003  
Secretary of State

**Entity Name:** ALUMNI OF THE UNIVERSITIES OF INDIA, HEALTH AND EDUCATIONAL FUND, INC.

**Current Principal Place of Business:**

120 S.E. 26TH AVENUE  
BOYNTON BEACH, FL 33434

**New Principal Place of Business:**

**Current Mailing Address:**

120 S.E. 26TH AVENUE  
BOYNTON BEACH, FL 33434

**New Mailing Address:**

FEI Number: 03-0435643

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

MADHAV, HARISH DR.  
120 S.E. 26TH AVENUE  
BOYNTON BEACH, FL 33434

**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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DIRE ( ) Change (X) Addition  
Name: KALRA, MINNEA TREASUR  
Address: 85 HURON AVE  
City-St-Zip: TAMPA, FL 33606

Title: DIRE ( ) Change (X) Addition  
Name: MADHAV, HARISH T PRESIDE  
Address: 2226 SE 2ND STREET  
City-St-Zip: BOYNTON BEACH, FL 33435

Title: DIRE ( ) Change (X) Addition  
Name: JOBANPUTRA, KETAN VICE PR  
Address: 1024 E. MEADOW LAKE DRIVE  
City-St-Zip: PALATINE, IL 60074

Title: DIRE ( ) Change (X) Addition  
Name: BHUPATHY, VELLORE SECRETA  
Address: 8109 AURORA LANE  
City-St-Zip: WHITTIER, CA 90605

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: HARISH T. MADHAV MD

PRES

06/18/2003

Electronic Signature of Signing Officer or Director

Date