

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N09066

1. Entity Name

INDIA FINE ARTS SOCIETY, INC.

FILED  
May 13, 2002 8:00 am  
Secretary of State

05-13-2002 90066 050 \*\*\*\*61.25

B0098599



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
C/O DR. R. IYENGAR 10000 W. BROADVIEW DR BAY HARBOR ISLS FL 33154 US	C/O DR. R. IYENGAR 10000 W. BRODVIEW DR BAY HARBOR ISLS FL 33154 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number	Applied For
65-0168758	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
IYENGAR, RAMANUJA 10000 WEST BROADVIEW DRIVE BAY HARBOR ISLAND FL 33154

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete
NAME	IYENGAR, RAMANUJA
STREET ADDRESS	10000 W. BROADVIEW DR.
CITY-ST-ZIP	GAY HARBOR ISLE FL 33154
TITLE	PD <input type="checkbox"/> Delete
NAME	AAJI, ANU
STREET ADDRESS	8530 DUNDEE TERR
CITY-ST-ZIP	MIAMI LAKES FL 33016
TITLE	SD <input type="checkbox"/> Delete
NAME	NARASIMHAN, RAMARATHNAM
STREET ADDRESS	12421 SW 104TH TERR
CITY-ST-ZIP	MIAMI FL
TITLE	TD <input type="checkbox"/> Delete
NAME	NARASIMHAN, YANGCHEN
STREET ADDRESS	12421 SW 104TH TERR.
CITY-ST-ZIP	MIAMI FL
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 4/28/02 (305)861-3796

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR