

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000000519

1. Entity Name

POORNIMA AND AVINASH CHARITABLE FOUNDATION, INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90132 012 ****61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
3131 S RIDGEWOOD AVENUE OFFICE SOUTH DAYTONA FL 32119 US	3131 S RIDGEWOOD AVENUE OFFICE SOUTH DAYTONA FL 32119-3594 US

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number	Applied For
59-3223455	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

7. Name and Address of New Registered Agent

POLINGER, GLORIA
C/O AVINASH GUPTA
3131 S RIDGEWOOD AVENUE
SOUTH DAYTONA FL 32119

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	GUPTA, AVINASH	
STREET ADDRESS	3131 S RIDGEWOOD AVE	
CITY-ST-ZIP	SOUTH DAYTONA FL 32119	
TITLE	D	<input type="checkbox"/> Delete
NAME	GUPTA, AVINASH	
STREET ADDRESS	3131 S RIDGEWOOD AVE	
CITY-ST-ZIP	SOUTH DAYTONA FL 32119	
TITLE	STD	<input type="checkbox"/> Delete
NAME	SHARMA, MANJU	
STREET ADDRESS	132-05 AVERY AVE	
CITY-ST-ZIP	FLUSHING NY 11355	
TITLE	VP	<input type="checkbox"/> Delete
NAME	POORNIMA, GUPTA	
STREET ADDRESS	3131 S. RIDGEWOOD AVE	
CITY-ST-ZIP	S. DAYTONA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	POLINGER, GLORIA	
STREET ADDRESS	3131 S. RIDGEWOOD AVE #101	
CITY-ST-ZIP	S. DAYTONA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	RASHMIN, MEHTA	
STREET ADDRESS	136-25 37 AVE	
CITY-ST-ZIP	FLUSHING NY	

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
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STREET ADDRESS		
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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 P Gupta Jan 5, 2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)