

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2002 8:00 am
Secretary of State

04-21-2002 90888 042 ****61.25

DOCUMENT # N95000004964

1. Entity Name

FLORIDA INDO - CULTURAL SOCIETY INC.

Principal Place of Business

Mailing Address

C/O MANOHAR R. MAHAJAN
13704 SW 83RD CT.
MIAMI FL 33158

C/O MANOHAR R. MAHAJAN
13704 SW 83RD CT.
MIAMI FL 33158

2. Principal Place of Business

3. Mailing Address

16155 SW 117th AVE

16155 SW 117 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE B-6

SUITE B-6

City & State

City & State

MIAMI FL

MIAMI FL

Zip

Country

Zip

Country

33177

USA

33177

USA

4. FEI Number

65-0625344

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

MAHAJAN, MANOHAR R
13704 SW 83 CT.
MIAMI FL 33158

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. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
 NAME **MAHAJAN, MANOHAR R**
 STREET ADDRESS **13704 SW 83RD CT.**
 CITY-ST-ZIP **MIAMI FL 33158**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **RAMBARAN, PARAS R**
 STREET ADDRESS **9701 MARTINIQUE DR.**
 CITY-ST-ZIP **MIAMI FL 33189**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **SARASWATI, SWANI B**
 STREET ADDRESS **7970 SW 13TH TERRACE**
 CITY-ST-ZIP **MIAMI FL 33144**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)