

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90278 010 *****61.25

0045751

DOCUMENT # N98000007352

1. Entity Name

INDIAN AMERICAN FORUM, INC.

Principal Place of Business

2010 NE 45TH ST. SUITE A
FT LAUDERDALE FL 33308

Mailing Address

2010 NE 45TH ST. SUITE A
FT LAUDERDALE FL 33308

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0882786

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GENDICS, BARBARA
2010 NE 45TH ST, SUITE A
FT LAUDERDALE FL 33308

7. Name and Address of New Registered Agent

Name **ACHARYA, NAVIN.**

Street Address (P.O. Box Number is Not Acceptable)

2010 NE 45th Street

City **FT Lauderdale**

FL

Zip Code **33308**

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 **ACHARYA, NAVIN.**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04/11/01

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

TITLE **D** ☐ Delete
NAME **GUPTA, MAHENDRA P**
STREET ADDRESS **2010 NE 45TH ST, SUITE A**
CITY-ST-ZIP **FT LAUDERDALE FL 33308**

TITLE **D** ☐ Delete
NAME **CHATTERJEE, SWADESH**
STREET ADDRESS **2010 NE 45TH ST, SUITE A**
CITY-ST-ZIP **FT LAUDERDALE FL 33308**

TITLE **D** ☐ Delete
NAME **SRINIVASA, KRISHNA**
STREET ADDRESS **2010 NE 45TH ST, SUITE A**
CITY-ST-ZIP **FT LAUDERDALE FL 33308**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE ☐ Change ☒ Addition
NAME **ACHARYA, NAVIN.**
STREET ADDRESS **2010 NE 45th Street**
CITY-ST-ZIP **FT LAUDERDALE, FL 33308.**

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

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: **Barbara Gendics**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/11/01 (954) 565-4700

Date

Daytime Phone #

CR2E037 (10/00)