

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04/30/02

DOCUMENT # N98000007353

1. Entity Name

DROPCHANABHI GUPTA CHARITABLE FOUNDATION, INC.

04-30-2002 90203 006 ****61.25

Principal Place of Business

Mailing Address

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

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

4. FEI Number

65-0882783

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ACHARYA, NAVIN
2010 NE 45TH STREET
FT LAUDERDALE FL 33308

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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
D	GLENDICS, BARBARA	2010 NE 45TH ST, SUITE A	FT LAUDERDALE FL 33308	<input checked="" type="checkbox"/> Delete			
D	GUPTA, CHANDRA S	2010 NE 45TH ST, SUITE A	FT LAUDERDALE FL 33308	<input type="checkbox"/> Delete			
D	SRINIVASA, KRISHNA	2010 NE 45TH ST, SUITE A	FT LAUDERDALE FL 33308	<input type="checkbox"/> Delete			
D	ACHARYA, NAVIN	2010 NE 45TH STREET	FORT LAUDERDALE FL 33308	<input type="checkbox"/> Delete			
				<input type="checkbox"/> Delete			
				<input type="checkbox"/> Delete			

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, when otherwise empowered.

SIGNATURE: _____

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/15/02 . (954)565-4700-

Date Daytime Phone #

CR2E037 (9/01)