2002 UNIFORM BUSINESS REPORT (UBR)				FILED Aug 01, 2002 8:00 am Secretary of State		
DOCUMENT # P0100067098 1. Entity Name INDIA BAZAAR ENTERPRISES, INC.				£	07-24-2002 90165 001 ***550.00 07-24-2002 90165 002 *****8.75	
Principal Place of Business Mailing Address 11620 22ND ST 11620 22ND ST TAMPA FL 33612 TAMPA FL 33612					40365	
2. Principal Place of Business 33.14 S. W. 357H BLVA. 3314 S. W. Suite, Apt. #, etc. City & State 2. Principal Place of Business 3. Mailing Address 3.314 S. W. Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For		
GAINES Zip	COUNTY .	- r	FLORIS	DA	59-3726260 Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required	
3260	6. Name and Address of Current Re		/.g./ /.		7. Name and Address of New Registered Agent	
RICHBOURG, DONALD C JR 3711 DEL PRADO BLVD, UNIT 2 CAPE CORAL FL 33904			Street A	Address (P.O. Box Number is Not Acceptable)		
			City	- · · · · · · · · · · · · · · · · · ·		
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 Fiorida. I am lamiliar with, and accept the obligations of registered agent. SIGNATURE						
SIGNATURE	Signature, typed or printed name of registered egent and t	ttle if applicable. (NOTE: Reg	stered Agent signet	ure required y	when reinstating) DATE	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! FI After September 13, 200 Make Check Payable to				e \$750.0		
11.	OFFICERS AND DIF	ECTORS	12.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT Delete PRASHANT, C. PATEL 3314 S.W. 35 TH BLVD., GAINESVILLE, FL 32608		TITLE NAME STREET ADORESS CITY-ST-ZIP	RAN 1011 TAN	RETARY DESHBHAI, P. PATEL RESHBHAI, P. PATEL	
TITLE NA-ZE STREET ADDRESS CITY-ST-ZIP	VICE - PRESIDENT Delete ANSUYABEN PATEL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRE VAI. 331	SHALL. DESAL 4 S.W. 35TH ISLVD., NESVILLE, FL 32608	
_TITLE	5	☐ Delete	TITLE		Change Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP			
NAME STREET ADDRESS CITY-ST-ZIP	AMARIAN STREET	☐ Oelette	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
NAME STREET ADDRESS CITY-SI-ZIP		☐ Delete	TITLE NAME STREET AODRESS CITY-ST-ZIP		☐ Change ☐ Addition	
13. I hereby certify that the information supplied with this filling 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 607, Florida Statutes; and that my name appears in Block 12 if changed, or on an attachment with an address, with all other like empowered.						
SIGNATURE: PANAMA JAR PRINTED MAKE OF SIGNING OFFICER OF DRIFE TO THE DAY THE						