

FILED
Aug 01, 2002 8:00 am
Secretary of State

07-24-2002 90165 001 ***550.00
 07-24-2002 90165 002 *****8.75

40365



DO NOT WRITE IN THIS SPACE

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000067098

1. Entity Name
INDIA BAZAAR ENTERPRISES, INC.

Principal Place of Business Mailing Address
 11620 22ND ST 11620 22ND ST
 TAMPA FL 33612 TAMPA FL 33612

2. Principal Place of Business 3. Mailing Address
3314 S.W. 35TH BLVD. 3314 S.W. 35TH BLVD.
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
GAINESVILLE, FLORIDA GAINESVILLE, FLORIDA
 Zip Country Zip Country
32608 U.S.A. 32608 U.S.A.

4. FEI Number Applied For
59-3726260 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

RICHBOURG, DONALD C JR
3711 DEL PRADO BLVD, UNIT 2
CAPE CORAL FL 33904

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required 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!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	PRASHANT C. PATEL	
STREET ADDRESS	3314 S.W. 35TH BLVD.,	
CITY-ST-ZIP	GAINESVILLE, FL 32608	
TITLE	VICE - PRESIDENT	<input type="checkbox"/> Delete
NAME	ANSUYABEN PATEL	
STREET ADDRESS	10112 KINGSHYRE WAY,	
CITY-ST-ZIP	TAMPA, FL 33647	
TITLE	SECRETARY	<input type="checkbox"/> Delete
NAME	RAMESHBHAI P. PATEL	
STREET ADDRESS	10112 KINGSHYRE WAY,	
CITY-ST-ZIP	TAMPA, FL 33647	
TITLE	TREASURER	<input type="checkbox"/> Delete
NAME	VAISHALI DESAI	
STREET ADDRESS	3314 S.W. 35TH BLVD.,	
CITY-ST-ZIP	GAINESVILLE, FL 32608	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RAMESHBHAI, P. PATEL	
STREET ADDRESS	10112 KINGSHYRE WAY,	
CITY-ST-ZIP	TAMPA, FL 33647	
TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VAISHALI DESAI	
STREET ADDRESS	3314 S.W. 35TH BLVD.,	
CITY-ST-ZIP	GAINESVILLE, FL 32608	
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **PRASHANT PATEL** **PRASHANT PATEL** **07/17/02** **(352) 271-7571**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)