

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90075 015 ***158.75

DOCUMENT # P01000067098



1. Entity Name
INDIA BAZAAR ENTERPRISES, INC.

Principal Place of Business 3314 SW 35TH BLVD GAINESVILLE FL 32608 US	Mailing Address 3314 SW 35TH BLVD GAINESVILLE FL 32608 US
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2. Principal Place of Business 3501 SW ARCHER ROAD, (Suite) Apt. #, etc. 260, GAINESVILLE, FL	3. Mailing Address 3501 SW ARCHER ROAD, (Suite) Apt. #, etc. 260, GAINESVILLE, FL
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CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3726260	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent RICHBOURG, DONALD C JR 3711 DEL PRADO BLVD, UNIT 2 CAPE CORAL FL 33904	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete NAME PATEL, PRASHANT C STREET ADDRESS 3314 SW 35TH BLVD CITY-ST-ZIP GAINESVILLE FL 32608	TITLE P	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME PATEL, PRASHANT STREET ADDRESS 4440 SW ARCHER ROAD, #1701 CITY-ST-ZIP GAINESVILLE, FL 32608
TITLE VP	<input type="checkbox"/> Delete NAME PATEL, ANSUYABEN STREET ADDRESS 10112 KINGSHYRE WAY CITY-ST-ZIP TAMPA FL 33647	TITLE VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME PATEL, ANSUYABEN STREET ADDRESS 10112 KINGSHYRE WAY, CITY-ST-ZIP TAMPA, FL 33647
TITLE S	<input type="checkbox"/> Delete NAME PATEL, RAMESHBHAI P STREET ADDRESS 10112 KINGSHYRE WAY CITY-ST-ZIP TAMPA FL 33647	TITLE S	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME PATEL, RAMESHBHAI P STREET ADDRESS 10112 KINGSHYRE WAY, CITY-ST-ZIP TAMPA, FL 33647
TITLE T	<input type="checkbox"/> Delete NAME DESAI, VAISHALI STREET ADDRESS 3314 SW 35TH BLVD CITY-ST-ZIP GAINESVILLE FL 32608	TITLE T	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME DESAI, VAISHALI STREET ADDRESS 4440 SW ARCHER ROAD #1701 CITY-ST-ZIP GAINESVILLE, FL 32608
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	

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 607, 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: Prashant Patel **PRASHANT PATEL** 01/05/03 (352) 271-7571
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)