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

Mailing Address

3314 SW 35TH BLVD

## P01000067098 **DOCUMENT #**

1. Entity Name

Principal Place of Business

3314 SW 35TH BLVD

INDIA BAZAAR ENTERPRISES, INC.



**FILED** Jan 09, 2003 8:00 am Secretary of State 01-09-2003 90075 015 \*\*\*158.75

2. Principal Place of Business 3. Mailing Address 3.5 O1 SW ARCHER ROAD, Suita Apt. #. etc. 260, City & State GAINESVILLE, FL GAINESVILLE, FL GOUNTY Zip Country X3.6 0 8 U.S.A 3.2 6 0 8 U.S.A 3.7 Name and Address of Name and Address of Current Registered Agent Name  RICHBOURG, DONALD C JR 3711 DEL PRADO BLVD, UNIT 2 CAPE CORAL FL 33904  City City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Fiorida. Lam familiar with, and accept the obligations of registered agent.  SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11.  NAME PATEL, PRASHANT C  CHECK HERE IF MAKING CHANGES  At FEI Number 59-3726260 Applied For Not Applied For	GAINESVILLE FL 32608			GAINESVILLE FL 32608				) (STATE OF THE REAL PROPERTY SEELS		. (B) B) (B) (B)		
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S. Cellification of Strikes Desired  6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  RICHBOURG, DONALD C JR  3711 DEL PRADO BLVD, UNIT 2  CAPE CORAL FL 33904  City  City  City  FL  Zio Code  Addition  Addition  Addition  Addition  City  FL  Zio Code  City  FL  Zio Code  Addition  Addition  Addition  Addition  City  FL  Zio Code  City  FL  Zio Code  Addition  Addition  Addition  Addition  City  FL  Zio Code  City  FL  Zio Code  Addition  Addition  Addition  Addition  City  FL  Zio Code  Addition  City  FL  Zio Code  City  FL  Zio Code  Addition  Add				<u> </u>								
6. Name and Address of Current Registered Agent  RICHBOURG, DONALD C JR 3711 DEL PRADO BLVD, UNIT 2  CAPE CORAL FL 33904  6. The above named entity submits this statement for the purpose of changing its registered algent, or both, in the State of Forlids. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  FILE NOW!!! FEE IS \$150.00  After May 1, 2000 Fee will be \$550.00  Make Check Payable to Florida Department of State  11.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   11.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.    FATEL, PRASHANT C   Delete   Make   Signature Montals   PATEL   PASS MAR    T    SIGNATURE   PATEL   PASS MAR    T    FATEL   PASS MAR    T    SIGNATURE   PATEL   ANSUYABEN   Delete   Make    SIGNATURE   PATEL   ANSUYABEN   Delete   Make    PATEL   ANSUYABEN   Delete   Make    SIGNATURE   S				-/-			5.	LE Cortificate of Statue Degrad LE				
RICHBOURG, DONALD C JR 3711 DEL PRADO BLVD, UNT 2  CAPE CORAL FL 33904  City  FL Zip Code  City  City  City  FL Xim Code  City  Cit	3280 6	<del>-</del> · ·		<u> </u>			7.	7. Name and Address of New Registered Agent				
3711 DEL PRADO BLVD, UNIT 2 CAPE CORAL FL 33904  City FL Zip Code  8. The above named only 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  SIGNATURE  FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT  TITLE  PATEL, PRASHANT C 3314 SW 95TH BLVD  ORTH-ST-2P  FATEL, PRASHANT C 3314 SW 95TH BLVD  ORTH-ST-2P  FATEL, ANSUYABEN  10112 KINGSHYRE WAY  101		6. Name and Address of Curr	eiii negisteid	a Agent								
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CRIP CORAL FL 33904  City FL Zip Code  City FL Z		·				Street Ad	dress (P.O.	. Box Number is Not Acceptable)				
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent.    Signature type or printed care of registered agent and life if applicable.   (NOTE Registered Agent signature required when remaining)   Date	: 3711 DEL	PRADO BLVD, UNIT 2										
B. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Forida.   am familiar with, and accept the obligations of registered agent.	CAPE COR	RAL FL 33904										
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SIBBLETUPATEREORRASIFANT 01/05/03 Date