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

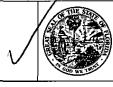
Mailing Address

## P93000032880 DOCUMENT #

1. Entity Name

Principal Place of Business

BHARAT TOURS & TRAVEL, INC.



FILED Apr 10, 2003 8:00 am Secretary of State

04-10-2003 90118 029 \*\*\*150.00

10000199

10621 SW 88TH ST. SUITE 18 202 MIAMI FL 33176			10621 SW 88TH ST. Suite 444 202 Miami Fl 33176							
2. Principal Place of Business 10621 Sい BB ST.			3. Mailing Address				i (00)/100/ 218 2000 21111 20/24 00/21 00/27 00/00 22/		<b>1</b> 161 <b>1</b> 181 1111	
Suite, Apt. #, etc. # 202			Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & State  Milami  FL		City & State		4		FEI Number 65-0408317 Applied For Not Applicable				
33176 Country		Zip 35176	Coun	try S-d	5. (	5. Certificate of Status Desired		ditional d		
	6. Name	and Address of Current	Name and Address of New Registered A	gent						
DALE, JERRY M ESQ. 8370 W. FLAGLER STREET					Street Address (P.O. Box Number is Not Acceptable)					
SUITE 252										
MIAMI FL :		1 4 58 1 5 2 3 4 1 4 5 1 5 7 1 5 7		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										
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.	Added	O May Be I to Fees	
10.	OFFICERS AND DIRECTORS			11.			DITIONS/CHANGES TO OFFICERS AND			
NAME STREET ADDRESS		AH, SIVAKUMAR 111TH TER. 33176	☐ Delete					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		1			Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		ا مساد د	Delete		1		· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete					Change	Addition	
TITLE NAME STREET ADDRESS: CITY-ST-ZIP			☐ Delete		<b>I</b>			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		i			Change	Addition	
12. I hereby of indicated	ertify that the	information supplied with	n this filing does not qualify for strue and accurate and that	or the exer my signat	nption stated in : ure shall have th	Section 1 e same l	119.07(3)(i), Florida Statutes. I further certil legal effect as if made under oath; that I an	fy that the in	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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #