

Amended

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

FILED

02 MAR 27 AM 9:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000027394**

1. Entity Name

**Delhi Darbar, Inc.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**1739 NW 2nd Ave.**

Suite, Apt. #, etc.

3. Mailing Address

**1739 NW 2nd Ave.**

Suite, Apt. #, etc.

**2002 AMENDED**

City & State

**Boca Raton FL**

City & State

**Boca Raton FL**

4. FEI Number

**65-0913462**

Applied For

Not Applicable

Zip

**33432**

Country

**Palm Beach**

Zip

**33432**

Country

**Palm Beach**

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

**Naveen Dua**

Street Address (P.O. Box Number is Not Acceptable)

**1730 S. Fed Hwy #233**

City

**Delray Beach**

FL

Zip Code

**33483**

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.

SIGNATURE

**Naveen Dua**

Signature typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

**3/10/02**

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so. ☐  
(See criteria on back)

**January 1 - May 1 Fee is \$150.00**

**After May 1 Fee is \$550.00**

**Amended UBR is \$61.25**

**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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PTS  
Naveen Dua  
1730 S. Fed Hwy #233  
Delray Beach, FL-33483**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**000005491770-13  
-05/08/02--01044--007  
\*\*\*\*\*61.25 \*\*\*\*\*61.25**

TITLE  
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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/10/02**

Base

Daytime Phone #

CR2E034B (12/01)