

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000003138

1. Entity Name
FRIENDS OF BIJNOR, INC.

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90076 016 ****70.00

Principal Place of Business Mailing Address
7518 NW 66TH TERRACE 7518 NW 66TH TERRACE
TAMARAC FL 33321 TAMARAC FL 33321-5203



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.
City & State
3. Mailing Address Suite, Apt. #, etc.
City & State
4. FEI Number **11-3056403**
Applied For
Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
FREMER, GERALDINE
7518 NW 66TH TERRACE
TAMARAC FL 33321

7. Name and Address of New Registered Agent
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.
SIGNATURE *[Signature]* DATE **1/12/2000**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees
Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FREMER, GERALDINE 7518 N. W. 66TH TERRACE TAMARAC FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOTTOOR, VARGHESE C BISHOP'S HOUSE, KOTDWAR GARHWAL U.P. 246 763 IN
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CURTIN, TIMOTHY A REV ST. IGNATIUS RETREAT HOUSE SEARINGTOWN ROAD MA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MUNDADAN, GRATIAN J REV BISHOP'S HOUSE, KOTDWAR-GARHWAL U. P. 246 149 IN
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition D KOTTOOR, VARGHESE C. ST. JOHN VICE-PROVINCE RAJAERAMPUR, JALALABAD P.O. NAJABABAD, DIST. BIJNOR U.P. 246 763 INDIA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition S CURTIN, TIMOTHY A. REV. MURRAY-WEIGLE HALL 515 E. FORDHAM ROAD BRONX, NEW YORK 10458-5004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 617, 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]* **SIGNATURE REQUIRED** DATE **1/12/00** DAYTIME PHONE # **879-2602000**

CR2E037 (9/99)