

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

01 OCT 10 PM 3:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P000000020621
 1. Entity Name AMENA INTL CORP.

Principal Place of Business 800 S. WOODLAND BLVD Mailing Address 87-B S. US HWY 17-92
DELAND, FL 32720 DEBARY, FL 32713

2. Principal Place of Business 800 S. woodland Blvd 3. Mailing Address 87-B S. U.S. HWY 17-92
 Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State DeLand City & State DEBARY
 Zip 32720 Country U.S.A Zip 32713 Country U.S.A

4. FEI Number 59-3637085 Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
NURER RAHMAN
87-B S. US HWY 17-92
DEBARY, FL 32713

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 Nurer Rahman DATE 10-10-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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	<u>MANAGER</u> <u>JANNATUL MARJINA</u> <u>87-B S. US HWY 17-92</u> <u>DEBARY, FL 32713</u>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>500004638525--3</u> <u>-10/17/01--01001--006</u> <u>****158.75 ****158.75</u>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 12 if changed, or on an attachment with an address, with no other like empowered.

SIGNATURE: JANNATUL MARJINA Date 10-10-01 Daytime Phone # 386-753-0330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (4-17-00)

To
Registration Department

From
Amena Intl. Corp.
87-B S. US. HWY 17-92
DEBARY, FL 32713

Subj: WAIVE LATE FEE

Dear Registration Department

My name is NURER RAHMAN. I am

the president of Amena Intl. Corp. Last

one and a half year I did not collect any

taxes. Also, I did not received the

~~the~~ ^{any} ~~Final~~ annual collect bill or report bill.

As a new new business owner
I was not aware of Regulation of
the state of Florida. Therefore,
I'm requesting for waiving the late
fee

Sincerely Nurer Rahman