2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

9/8/2003-90144-014-$550.00-$550.00

DOCUMENT # P02000106082

Entity Name
HUSNA CLOTHING, INC.
Husna Clothing Inc.

FILED
03 SEP 22 PM 3:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
5355 TOWN CENTER ROAD, SUITE 801
BOCA RATON FL 33486

Mailing Address
5355 TOWN CENTER ROAD, SUITE 801
BOCA RATON FL 33486

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
1130 E. Dongan Ave
Suite, Apt. #, etc.
Kissimmee
City & State
Kissimmee Florida
Zip 34744
Country USA

3. Mailing Address
3175 Stone Hurst Cir
Suite, Apt. #, etc.
City & State
Kissimmee FL Florida
Zip 34741
Country U.S.A.

4. FEI Number 68-0527775 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WEISS, MICHAEL N
5355 TOWN CENTER ROAD, SUITE 801
BOCA RATON FL 33486

7. Name and Address of New Registered Agent

Name HUSNA SHAFIQ
Street Address (P.O. Box Number is Not Acceptable)
3175 STONE HURST CIR
City KISSIMMEE FL Zip Code 34741

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 Husna 09-03-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
After September 10, 2003 Fee will be $750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Husna Shafiq 3175 Stone Hurst Cir Kissimmee USA 34741	☐ Delete	PRESIDENT SHAFIQ, HUSNA 3175 STONE HURST CIR KISSIMMEE, FL 34741	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Husna Shafiq 09-03-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (4/03)