2002 UNIFORM BUSINESS REPORT (UBR)

Mar 12, 2002 8:00 am Secretary of State DOCUMENT # S55944 1. Entity Name 03-12-2002 90025 001 ***150.00 B. G. CORPORATION OF LANTANA, INC. Principal Place of Business Mailing Address 874 N. DIXIE HWY 874 N. DIXIE HWY LANTANA FL 33462 LANTANA FL 33462 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0272748 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CHOWDHURY, MAKSUDUL H Street Address (P.O. Box Number is Not Acceptable) 1331 S. FEDERAL HWY APT #2 LAKE WORTH FL 33460 Zip Code City FL 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, 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TIT! F Delete TITLE ☐ Addition Change NAME RAHMAN, REZAUR NAME STREET ADDRESS 9225 OLMSTEAD DRIVE STREET ADDRESS CITY-ST-ZIP LAKE WORTH FL 33467 CITY-ST-ZIP TITLEY, ☐ Delete TITLE ☐ Addition Change NAME CHOWDHURY, MAKSUDUL H. NAME STREET ADDRESS 1331 S. FEDERAL HWY, APT #2 STREET ADDRESS CITY_ST_ZIP LAKE WORTH FL 33460. CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME FARID, AKHAND A. NAME STREET ADDRESS STREET ADDRESS 1426 S-N ST CITY-ST-ZIP LAKE WORTH FL 33460 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-7IP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 respiver 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 appears, with all other like empowered.

FILED

ALMAN, REZAUR RAHMAN, PRESIDENT SIGNATURE: News GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR