

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91416 035 ***150.00

**2003 FOR PROFIT CORPORATION /
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000083677					11040341
1. Entity Name SHAHJALAL EXPORT & IMPORT CORP.					
Principal Place of Business 606 N FEDERAL HWY FT LAUDERDALE, FL 33304		Mailing Address 606 N FEDERAL HWY FT LAUDERDALE, FL 33304			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip		Zip			
Country		Country			☐ CHECK HERE IF MAKING CHANGES
4. FEI Number 65-1132880				Applied For ☐ Not Applicable	
5. Certificate of Status Deared ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SIKDER, WAHIDUR 6908 BLUE BCH CT TAMARAC, FL 33319				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when surrendering)					
FILE NOW WITH FEE IS \$160.00 After May 1, 2003 Fee will be \$650.00 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	VP, D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	SIKDER, WAHIDUR		NAME		
STREET ADDRESS	6908 BLUE BCH CTY		STREET ADDRESS		
CITY-ST-ZIP	TAMARAC, FL 33319		CITY-ST-ZIP		
TITLE	P, D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BHUYAN, ABUL K		NAME		
STREET ADDRESS	10605 SW 44 CT		STREET ADDRESS		
CITY-ST-ZIP	DAVIE, FL 33328		CITY-ST-ZIP		
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-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 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:  4-25-03- 954-354-2213					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					