

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90249 009 ***150.00

DOCUMENT # K81241			
1. Entity Name ANA MIGUE, INC.			
Principal Place of Business 744 6TH STREET MIAMI BEACH, FL 33139		Mailing Address 744 6TH STREET MIAMI BEACH FL 33139	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

C0067742

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SULTAN MAMUN 744 6TH STREET MIAMI BEACH FL 33139		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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Date

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 \$160.00 After MAY 1, 2000 Fee will be \$660.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SULTAN MAMUN 7525 EAST REASURE DR, APT1E N. BAY VILLAGE FL	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SULTAN MAHBOOB 7525 EAST TREASURE DR, APT 1E N. BAY VILLAGE FL	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MOHSIN, SULTAN 7525 EAST TREASURE DR, APT 1E N. BAY VILLAGE FL	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S CHAWDHUR, ABU S 7525 EAST TREASURE DR, APT 1E N. BAY VILLAGE FL	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change 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 807, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-23-01 (305) 538-2149

CR2034 (9/99)