

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90125 008 ***150.00

DOCUMENT # **K81241**

1. Entity Name
ANAMIGUE, INC.



Principal Place of Business
744 6TH STREET
MIAMI BEACH FL 33139
US

Mailing Address
744 6TH STREET
MIAMI BEACH FL 33139
US



2. Principal Place of Business

3. Mailing Address

1407 WASHINGTON AVE

1407

Suite, Apt. #, etc.

Suite, Apt. #, etc.

WASHINGTON AVE

City & State

City & State

MIAMI BEACH, FL

MIAMI BEACH, FL

Zip

Country

Zip

Country

33139 FLA

33139

DADE

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0120274**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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 **PD** ☐ Delete
NAME **SULTAN MAMUN**
STREET ADDRESS **7525 EAST TREASURE DR, APT. 1E**
CITY-ST-ZIP **N. BAY VILLAGE FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **SULTAN, MAHBOOB**
STREET ADDRESS **7525 EAST TREASURE DRIVE, APT 1E**
CITY-ST-ZIP **N. BAY VILLAGE FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **MOHSIN, SULTAN**
STREET ADDRESS **7525 EAST TREASURE APT 1-E**
CITY-ST-ZIP **N. BAY VILLAGE FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☒ Delete
NAME **CHAWDHUR, ABU S**
STREET ADDRESS **1541 WASHINGTON AVE**
CITY-ST-ZIP **MIAMI BEACH FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-16-03 305-531-2973

CR2E034 (10/02)