FILED
May 16, 2003 8:00 am
Secretary of State
04-25-2003 90242 044 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

4

DOCUMENT # P00000017117

1. Entity Name

RK TRADING, INC

DO NOT WRITE IN THIS SPACE

[redacted]

55041191

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	142 BALWIN BLVD Suite, Apt. #, etc.
City & State	City & State: GREENACRES, FL
Zip / Country	Zip: 33463 Country: PALM BEACH

4. FEI Number: 65-0987656 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Nazmun Nahar

Street Address (P.O. Box Number is Not Acceptable)

4960-10th Ave. north

City: Greenacres FL Zip Code: 33463

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: Nazmun Nahar President 5-13-03
(Signature, type or print name of corporate officer and title if applicable) (NOTE: If changing Agent, signature required above) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRES. NAZMUN NAHAR 142 BALWIN BLVD GREENACRES, FL 33463	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V-PRES. MOSTAFA KAMAL 142 BALWIN BLVD GREENACRES, FL 33463	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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CR2E034B (12/01)

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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: X N. Nahar 4-9-03 561-963-7398
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #