

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90031 044 ***150.00

DOCUMENT # P00000047373

1. Entity Name

SHIMUL INC.

Principal Place of Business

**3686 MOON BAY CIR.
WELLINGTON FL 33414**

Mailing Address

**3686 MOON BAY CIR.
WELLINGTON FL 33414**

2. Principal Place of Business

DIXIE FOOD MARKET

3. Mailing Address

137 SE 1ST AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HALLANDALE

City & State

F

4. FEI Number

65-1012098

Applied For

Not Applicable

Zip

FL 33009

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CHOWDHURY, MAHBUBUL I
3686 MOON BAY CIR.
WELLINGTON FL 33414**

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.

SIGNATURE

Mahbubul Chowdhury

2/25/01

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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 **PD** ☐ Delete
NAME **CHOWDHURY, MAHBUBUL I**
STREET ADDRESS **3686 MOON BAY CIR.**
CITY-ST-ZIP **WELLINGTON FL 33414**

TITLE **VD** ☐ Delete
NAME **CHOWDHURY, NAZRUL I**
STREET ADDRESS **3686 MOON BAY CIR.**
CITY-ST-ZIP **WELLINGTON FL 33414**

TITLE **SD** ☐ Delete
NAME **CHOWDHURY, ROKANUDDIN A**
STREET ADDRESS **3686 MOON BAY CIR.**
CITY-ST-ZIP **WELLINGTON FL 33414**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
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 receiver 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 address, with all other like empowered.

SIGNATURE:

Mahbubul Chowdhury

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/01

Date

Daytime Phone #

CR2E034 (10/00)