2004 **FOR PROFIT CORPORATION**
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2004 8:00 am
Secretary of State
04-29-2004 90306 020 ***150.00

DOCUMENT # P00000075009

1. Entity Name
BASHUNDARA INC

14012781

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5736 HWY 41	5736 HWY 41
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LAND O LAKES, FL	City & State: LAND O LAKES, FL
Zip: 34639 Country:	Zip: 34639 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3664854 ☐ 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: HOSSAIN, S.M. MOMTAZ

Street Address (P.O. Box Number is Not Acceptable): 5736 HWY 41

City: LAND O LAKES, FL Zip Code: 34639

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: Z. Mirza DATE: 04.24.04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1 Fee is $350.00
Amended UBR is $61.25
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

TITLE	PR
NAME	HOSSAIN, S.M. MOMTAZ
STREET ADDRESS	5736 HWY 41
CITY-ST-ZIP	LAND O LAKES, FL 34639
TITLE	VP
NAME	MIRZA, ZAKIA
STREET ADDRESS	5736 HWY 41
CITY-ST-ZIP	LAND O LAKES, FL 34639
TITLE	
NAME	
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CITY-ST-ZIP	
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CITY-ST-ZIP	

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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Z. Mirza 04.24.04 (813)995-9156
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #