

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

04-11-2001 90046 047 \*\*\*150.00

**DOCUMENT # P0000098952**

1. Entity Name  
**M & N CORPORATION #101, INC.**

Principal Place of Business      Mailing Address  
**680 EAST MAIN STREET PAHOKEE FL 33476**      **680 EAST MAIN STREET PAHOKEE FL 33476**

40596



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
**432 W. SUGARLAND HWY**      Suite, Apt. #, etc.

City & State      City & State  
**CLEWISTON, FL**      **PAHOKEE, FL**

Zip      Country      Zip      Country  
**33440**      **HENDRY**

4. FEI Number      Applied For  
**65-1048475**      Not Applicable

5. Certificate of Status Desired      \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**SPIEGEL & UTRERA, P.A.**  
**343 ALMERIA AVENUE**  
**CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent  
 Name  
**MOHAMMED MANIRUZZAMAN**  
 Street Address (P.O. Box Number is Not Acceptable)  
**680 E. MAIN ST**  
**PAHOKEE, FL-33476**  
 City      State      Zip Code  
    **FL**      **33476**

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 M. Maniruzzaman      DATE 4-23-01  
Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  **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 NAME STREET ADDRESS CITY - ST - ZIP	<b>PTD MANIRUZZAMAN, MOHAMMED 680 EAST MAIN STREET PAHOKEE FL 33476</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SVD KHALEQUZZAMAN, MOHAMMED 680 EAST MAIN STREET PAHOKEE FL 33476</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: M. Maniruzzaman      DATE: 4-7-01      DAYTIME PHONE #: 561-924-2913  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (10/00)