

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90167 044 ***163.75

0006505
AT

DOCUMENT # P00000103352

1. Entity Name

IMART TRADING, INC.



D/B/A: IMART Computer Technology Ltd.

Principal Place of Business

14640 S.W. 176 TERRACE
MIAMI FL 33177

Mailing Address

14640 S.W. 176 TERRACE
MIAMI FL 33177

2. Principal Place of Business

Palm Aire Plaza (1st floor) 2700 W

3. Mailing Address

14640 SW 176th ter

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Atlantic Blvd, Suite 200-27

City & State

Pompano Beach, FL

City & State

Miami, FL

Zip

33069

Country

USA

Zip

33177

Country

USA

4. FEI Number

65-1061326

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

AKHTERUZZAMAN, KHAN

14640 S.W. 176 TERRACE

MIAMI FL 33177

7. Name and Address of New Registered Agent

Name

MD Akhteruzzaman Khan

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

14640 SW 176 terrace

City

Miami

FL

Zip Code

33177

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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	KHAN, AKHTERUZZAMAN	
STREET ADDRESS	14640 S.W. 176 TERRACE	
CITY-ST-ZIP	MIAMI FL 33177	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	AKHTER, TASLIMA	
STREET ADDRESS	14640 S.W. 176 TERRACE	
CITY-ST-ZIP	MIAMI FL 33177	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Khan, MD Akhteruzzaman	
STREET ADDRESS	14640 SW 176 terrace	
CITY-ST-ZIP	Miami, FL - 33177	
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Akhter, Taslima	
STREET ADDRESS	14640 SW 176th terrace	
CITY-ST-ZIP	Miami, FL - 33177	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Khan, Afroza Akhtar	
STREET ADDRESS	14640 SW 176 terrace	
CITY-ST-ZIP	Miami, FL - 33177	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/03/2003 (286) 299-3871

CR2E034 (10/02)