

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90884 017 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000002293

1. Entity Name

BENGOL EXCHANGE, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

210 N. GOLDENROD RD.

Suite, Apt. #, etc.

10

City & State

ORLANDO, FLORIDA

Zip

32807

Country

USA

3. Mailing Address

210 N. GOLDENROD RD.

Suite, Apt. #, etc.

10

City & State

ORLANDO, FLORIDA

Zip

32807

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3691251

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

NURUN NAHAR

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

338 PARK TREE TERRACE APT #1822

City

ORLANDO

FL

Zip Code

32825

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 **NURUN NAHAR, PRESIDENT**

04/30/02

* 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) ☒

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	NURUN NAHAR 338 PARK TREE TERRACE #1822 ORLANDO, FL 32825	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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:  NURUN NAHAR

04/30/02

321-235-0125

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

CR2E034B (12/01)