

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P01000002293**

1. Entity Name
BENGOL EXCHANGE, INC.



Principal Place of Business
**210 N. GOLDENROD ROAD
SUITE 10
ORLANDO FL 32807**

Mailing Address
**210 N. GOLDENROD ROAD
SUITE 10
ORLANDO FL 32807**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

4. FEI Number

59-3761251

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HANAR, NURUN
338 PARK TREE TERRACE
APT.# 1822
ORLANDO FL 32825**

*Name **LUTFUN NAHAR**

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

210 N. GOLDENROD RD. #10

City

ORLANDO

FL Zip Code **32807**

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 *Lutfun Nahar* **LUTFUN NAHAR, PRESIDENT**

04/30/2003

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

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

**TITLE D
NAME MURUN, NAHAR
STREET ADDRESS 338 PARK TREE TERRACE - SUITE 1822
CITY-ST-ZIP ORLANDO FL 32825**

Delete

**TITLE D
NAME LUTFUN NAHAR
STREET ADDRESS 210 N. GOLDENROD RD. #10
CITY-ST-ZIP ORLANDO, FL 32807**

Change

Addition

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

Delete

**TITLE
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STREET ADDRESS
CITY-ST-ZIP**

Change

Addition

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CITY-ST-ZIP**

Delete

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

Change

Addition

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: *Lutfun Nahar*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/30/2003 321-2350125

Date

Daytime Phone #

6189010
AV

**FILED
May 05, 2003 8:00 am
Secretary of State**

05-05-2003 91406 026 ***150.00

20041025



CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)