

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

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90128 023 ***150.00

DOCUMENT # PO1000021143

1. Entity Name

MAMUNA & RAHMAN USA INC

DO NOT WRITE IN THIS SPACE

11029378

2. Principal Place of Business

16 Drexel AVE

3. Mailing Address

3144 Broadway

Suite, Apt. #, etc.

1 South Miami

Suite, Apt. #, etc.

4, PM.B 125

DO NOT WRITE IN THIS SPACE

City & State

FLORIDA

City & State

EUREKA CA

4. FEI Number

58-260-7705

Applied For

Not Applicable

Zip

33139

Country

USA

Zip

95501

Country

U.S.A.

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 SHAMIMA SULTANA

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

3057 NE 16th AVE

OAKLAND PK

City

FL

Zip Code

33334

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

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04/20/03

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 P.
NAME ANISUL HAQUE
STREET ADDRESS 111, AMANALI ROAD
CITY-ST-ZIP

TITLE VP
NAME MOSTA FIZUR RAHMA
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME SHAMSI SYEDA. F
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME RAHIMA AKTER
STREET ADDRESS
CITY-ST-ZIP

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:

Anisul Haque

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/20/03

CR2E034B (12/01)