## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # PO 1000021194

## **FILED** May 16, 2002 8:00 am Secretary of State

05-16-2002 90057 009 \*\*\*150.00

BLUE ATLANTIC USA INCORPORATED				<b>&gt;</b>	
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 1710 THOMAS ST. 3. Mailing Address 3. Mailing Address 3. Mailing Address				_	
<u>, , , , , , , , , , , , , , , , , , , </u>	Suite, Apt. #, etc. Suite, Apt. #, etc.		<u> </u>	DO NOT WRITE IN THIS SPACE  4. FEI Number Applied For	
City & Stat	City & State  City & State				
		Zip	Country	582607705	Not Applicable
330.	20 U.SA	95501	U.S.A	5. Certificate of Status Desired	\$8.75 Additional Fee Required
DO NOT WRITE IN THIS SPACE			Name SH	7. Name and Address of Current Registered Agent Name SHAMIMA SUCTANA	
			Street Address (P.O. Box Number is Not Acceptable)		
			2057	NEGALENTO	TOWAL USA.R
		City	MANN PACK	L Zip Code	
3. The above	named entity submits this statement for t	the purpose of changing its re	egistered office or register		- 33354
SIGNATURE .	SHAMIMA SUR Signature, typed or printed name of registered agent and	LTANA (NOTE: 6	Registered Agent signature required		102/20
	pration is eligible to satisfy its Intangible	January 1 - Ma	y 1 Fee is \$150.00		
			, Fee is \$550.00 UBR is \$61.25 I to Department of Sta	10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
11.	OFFICERS AND D	RECTORS	to bepartment of Sta	ice	
ITLE P	MOHAMMAD UDDIN KHA	MORSHED	TITLE NAME		
TREET ADDRESS	1710, THOMAS		STREET ADORESS CITY-ST-ZIP		
TLE	PLORIDA 33		TITLE		
AME TREET ADDRESS	MOHAMMAD SA	IFUDDIN	NAME STREET ADDRESS		
ITY-ST-ZIP	KHALED	2)	CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	
TLE T	PROF. MORSA	HEDA	TITLE NAME		
TREET ADDRESS	DRESS T TALED		STREET ADDRESS	DO NOT WRITE	
			CITY-ST-ZIP TITLE		
ME VODIN KHALED		NAME CTOSET ADDRESS	IN THIS SPACE		
TY-ST-ZIP		19	STREET ADDRESS CITY-ST-ZIP		,
TLE D	MOHAMMAD SI UDDIN KHALE	HAMIM	TITLE NAME		3
REET ADDRESS FY-ST-ZIP	VIIV KMALE	" "	STREET ADDRESS		
	MOHAMMAD M	OIN UPDIN	CITY-ST-ZIP TITLE		
ME REET ADDRESS	KHALED		NAME	e e	
TY-ST-ZIP	·		STREET ADDRESS CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filling 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. (SHAMIMA SULTANA) 020-8-640

SIGNATURE:

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR