

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

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

04-30-2003 90128 024 ***150.00

DOCUMENT # P010000021194 ✓
1. Entity Name
BLUE ATLANTIC USA
INC.

DO NOT WRITE IN THIS SPACE

11029377

2. Principal Place of Business
1710 Thomas St.
Suite, Apt. #, etc. #12
HOLLYWOOD
City & State FLORIDA
Zip 33020 Country USA

3. Mailing Address
1710 Thomas St.
Suite, Apt. #, etc. #12
HOLLYWOOD
City & State FLORIDA
Zip 33020 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 582607705 Applied For ☐ Not Applicable ☒

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 SHADIMA SULTANA
Street Address (P.O. Box Number is Not Acceptable) 3057 NE 16th AVE
OAKLAND PARK
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.

04/20/03
DATE

(NOTE: Registered Agent signature required when reinstating)

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	<u>P.</u> <u>KHALED MOHAMMAD</u> <u>M.</u> <u>39, jamal khach lene</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VP</u> <u>KHALED MORSHEDA</u> <u>PROF.</u> <u>"</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D</u> <u>KHALED MOHAMMAD</u> <u>J.</u> <u>"</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D</u> <u>KHALED MOHAMMAD</u> <u>Mom Udden</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D</u> <u>KHALED MOHAMMAD</u> <u>S.</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KHALED Mohammed morshed

Date 4/20/03 Daytime Phone #

CR2E034B (12/01)