

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2003 8:00 am**  
**Secretary of State**

04-17-2003 90179 034 \*\*\*150.00

DOCUMENT # P01000023447

1. Entity Name  
FLORIDANINA, INC.



Principal Place of Business  
2714-1/2 58 STREET SOUTH  
GULFPORT FL 33707

Mailing Address  
2714-1/2 58 STREET SOUTH  
GULFPORT FL 33707

2. Principal Place of Business  
3530 1ST. AVE. NORTH

3. Mailing Address  
3530 1ST. AVE. NORTH

Suite, Apt. #, etc.  
SUITE 108

Suite, Apt. #, etc.  
SUITE 108

City & State  
ST. PETERSBURG

City & State  
ST. PETERSBURG

Zip  
33713

Country

Zip  
33713

Country

4. FEI Number 59-3702711

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BHATTACHARJEE, SAUNAM  
2714-1/2 58 STREET SOUTH  
GULFPORT FL 33707

Name SAUNAM BHATTACHARJEE

Street Address (P.O. Box Number is Not Acceptable)  
3530 1ST. AVE. NORTH

SUITE 108

City ST. PETERSBURG

FL

Zip Code 33713

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 SAUNAM BHATTACHARJEE

4/14/03

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 ☐ Delete  
NAME BHATTACHARJEE, SAUNAM  
STREET ADDRESS 2714-1/2 58 STREET SOUTH  
CITY-ST-ZIP GULFPORT FL 33707

TITLE D/V ☐ Change ☒ Addition  
NAME NAMGAY UDENGYATSO  
STREET ADDRESS 3530, 1ST. AVE. NORTH, SUITE 108  
CITY-ST-ZIP ST. PETERSBURG, FL 33713

TITLE D ☐ Delete  
NAME IHASHA COMMODITIES, INC.  
STREET ADDRESS 2714-1/2 58 STREET SOUTH  
CITY-ST-ZIP GULFPORT FL 33707

TITLE P/S/T/D ☒ Change ☐ Addition  
NAME SAUNAM BHATTACHARJEE  
STREET ADDRESS 3530 1ST. AVE. NORTH, SUITE 108  
CITY-ST-ZIP ST. PETERSBURG, FL 33713

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☒ Change ☐ Addition  
NAME IHASHA COMMODITIES, INC.  
STREET ADDRESS 3530 1ST. AVE. NORTH, SUITE 108  
CITY-ST-ZIP ST. PETERSBURG, FL 33713

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: SAUNAM BHATTACHARJEE, PRES. 4/14/03 727-327-9991

Signature typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E034 (10/02)