

2004 **FOR PROFIT CORPORATION**
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90379 005 ***150.00

DOCUMENT # P01000032290

1. Entity Name

R - SQUARE FOODS, INC



DO NOT WRITE IN THIS SPACE

44040496

2. Principal Place of Business

17102 NORTH US HWY 41

Suite, Apt. #, etc.

3. Mailing Address

17102 NORTH US HWY 41

Suite, Apt. #, etc.

City & State

LUTZ, FL

City & State

LUTZ, FL

4. FEI Number

01-0687301

Applied For

Not Applicable

Zip

33549

Country

Zip

33549

Country

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

ISMAIL, MOHSIN

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

604 SUNSET POINT CT

City

LUTZ,

FL

Zip Code
33549

**DO NOT WRITE
IN THIS SPACE**

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 Rizwana Mohsin RIZWANA MOHSIN PRESIDENT

04/26/04

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

(NOTE: Registered Agent signature required when reinstating)

Date

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$81.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
MOHSIN, RIZWANA
604 SUNSET POINT CT
LUTZ, FL 33549

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
SABA, SABIHA R.
P.O. BOX 1500
LUTZ, FL 33548

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Rizwana Mohsin RIZWANA MOHSIN PRESIDENT

Date

Daytime Phone #

04/26/04

CR2E034B (12/02)