2002 UNIFORM BUSINESS REPORT (UBR)

May 06, 2002 8:00 am Secretary of State DOCUMENT # P01000037814 1. Entity Name 05-06-2002 90168 014 ***150.00 ISLAM BROTHERS USA INCORPORATED Principal Place of Business FLOPIDA Mailing Address GREEN INTERNATIONAL USA P.A. GREEN INTERNATIONAL USA P.A. 3144 BROADWAY STE.#4. BOX 125 3144 BROADWAY STE.#4, BOX 125 EUREKA CA 95501 EUREKA CA 95501 2. Principal Place of Business 3. Mailing Address LORIDA uite, Apr. 290 Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For Not Applicable Country Zip Country \$8.75 Additional). 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent かいひゃ SULTANA, SHAMIMA 1710 THOMAS ST., APT. #11 (Lage 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 ŗ **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition CR2E034 (9/01 NAME ISLAM, QUMRUL NAME STREET ADDRESS 313 SHADAR GHAT RD. STREET ADDRESS CITY-ST-ZIP CHITTAGONG 4000 BANGLADESH CITY-ST-ZIP TITLE VD □ Delete ☐ Change ☐ Addition NAME ISLAM, MOHAMMED A STREET ADDRESS 313 SHADAR GHAT RD. STREET ADDRESS CITY-ST-ZIP CHITTAGONG 4000 BANGLADESH CITY-ST-ZIP ED Delete Delete TITLE ☐ Change Addition NAME ZUNAYED, SYED A NAME STREET ADDRESS NANUPER FATICKCHARI STREET ADDRESS CITY-ST-ZIP CHITTAGONG BANGLADESH CITY-ST-ZIP TITLE ☐ Delete TITLE PED SHAFIUL Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS TIKCHARI CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

UMRUC SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE

FILED