

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

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 91009 037 ***150.00

DOCUMENT # **PO1000037814**

1. Entity Name **ISLAM BROTHERS USA INC.**

70054064

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **1209, South Miami**

3. Mailing Address **3144 Broadway**

Suite, Apt., etc. **Miami**

Suite, Apt., etc. **Suite #4, 125**

City & State **Florida**

City & State **EUREKA, CA**

4. FEI Number **58-2614462**

Applied For
Not Applicable

Zip **33139** Country **U.S.A.**

Zip **95501** Country **USA**

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

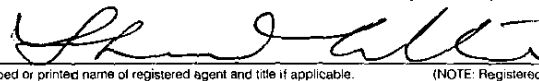
Name **SHAMIMA SUCTANA**

Street Address (P.O. Box Number is Not Acceptable) **2057 JEFFERSON AVE**

OAKLAND PARK

City **U.S.A.** **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  **04/20/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 **P**
NAME **Q. ISLAM**
STREET ADDRESS
CITY-ST-ZIP **313. SADAR BHAT**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP**
NAME **ISLAM MOHAMMAD A.**
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P**
NAME **Zunayed, Syed A**
STREET ADDRESS **NANUPUR, Fatikheri**
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D**
NAME **SHAFIUL SYED**
STREET ADDRESS **NANUPUR**
CITY-ST-ZIP **FATIKHERI**

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

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:  **04/20/03**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)