

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

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90151 028 ***150.00

DOCUMENT # P01000045921	
1. Entity Name	
Shantoja Inc	

DO NOT WRITE IN THIS SPACE

20054673

2. Principal Place of Business 1225 S Patrick Drive Suite, Apt. #, etc.		3. Mailing Address 1225 S Patrick Drive Suite, Apt. #, etc.	
City & State Satellite Beach, FL		City & State Satellite Beach, FL	
Zip 32937	Country	Zip 32937	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3712761		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
CHOWDHURY, MOBASHER H
Street Address (P.O. Box Number is Not Acceptable)
1225 S PATRICK DRIVE
City
SATELLITE BEACH FL 32937 **FL** **Zip Code**
32937

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

Signature, typed 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 \$61.25

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHOWDHURY, MOBASHER H 2800 N WICKHAM RD., #1410 MELBOURNE FL 32935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ISLAM, ANNA 1361 ANDES DR. WINTER SPRINGS FL 32708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BHUIYAN, SHABNAM I 127 WOODLEAF DR. WINTER SPRINGS FL 32708
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-27-05 (321) 773-1333