

AMENDED FOR 2003
FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED

03 JUN 18 AM 10:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000045921

1. Entity Name

Shantoja, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1225 S. Patrick Drive

3. Mailing Address

1225 S. Patrick Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Satellite Beach, FL

City & State

Satellite Beach, FL

4. FEI Number

593712761

Applied For

Not Applicable

Zip

32937

Country

USA

Zip

32937

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Mobasher B. Chowdhury

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

1225 S. Patrick Drive

City

Satellite Beach

FL

Zip Code

32937

**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

Mobasher B. Chowdhury

6/9/03

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

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
VP, D
Bhuiyan, Shabnam M.
127 Wood Leaf Drive
Winter Springs, FL 32708

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
800021160388
06/28/03--00058--023 **\$61.24

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P, D
Chowdhury, Mobasher H.
2880 N. Wickham Road, #1410
Melbourne, FL 32935

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S, T, D
Islam, Anna
1361 Andes Drive
Winter Springs, FL 32708

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE: X

Mobasher B. Chowdhury

6/9/03

Date

321-773-1333

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Mobasher H. Chowdhury, President

CR2E034B (12/02)