


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2003 8:00 am
Secretary of State

03-05-2003 90066 019 ***150.00

DOCUMENT #	P01000048687	
1. Entity Name	RUPA, INC.	

Principal Place of Business	Mailing Address
602 S. FEDERAL HWY.	602 S. FEDERAL HWY.
DANIA FL 33004	DANIA FL 33004

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
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Zip	Country	Zip	Country
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6. Name and Address of Current Registered Agent	
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RAHMAN, MOHAMMAD S 602 S. FEDERAL HWY. DANIA FL 33004	Name
	Street Address (F
	City

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required.)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

10.	OFFICERS AND DIRECTORS	11.
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TITLE	PD	<input type="checkbox"/> Delete	TITLE
NAME	RAHMAN, MOHAMMAD S		NAME
STREET ADDRESS	602 S. FEDERAL HWY.		STREET ADDRESS
CITY - ST - ZIP	DANIA FL 33004		CITY - ST - ZIP

TITLE	<input type="checkbox"/> Delete	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Delete	TITLE
NAME		NAME
STREET ADDRESS		STREET ADDRESS
CITY-ST-ZIP		CITY-ST-ZIP

TITLE	<input type="checkbox"/> Delete	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Delete	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Delete	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607.7 of the Freedom of Information Act, and that the information is true and accurate and that my signature shall have the same effect as the signature of the person or persons authorized to execute this report as required by Chapter 607, F.S. If the information is changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: M. Saddam Khan / M. HANMAD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4. FEI Number	65-1100241	Applied For
		Not Applicable

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

7. Name and Address of New Registered Agent

P.O. Box Number is Not Acceptable)

FL Zip Code

and agent, or both, in the State of Florida. I am familiar with, and accept

When reinstating) _____ DATE _____

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

ion 119.07(3)(i), Florida Statutes. I further certify that the information
me legal effect as if made under oath; that I am an officer or director
Florida Statutes; and that my name appears in Block 10 or Block 11 if

S. RAHMAN. 954-922-0036

CR2E034 (10/02)