

FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

FILED  
Apr 17, 2006 8:00 am  
Secretary of State

04-17-2006 90401 010 \*\*\*150.00

DOCUMENT #	P01000056405
1. Entity Name	
Turanib Corporation	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1296 8TH ST.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Holly Hill, FL	
Zip	Country
32117	

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
59-3723133	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	

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IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
KHAN, IBRAHIM
Street Address (P.O. Box Number is Not Acceptable)
1296 8TH ST.
City
HOLLY HILL
FL
Zip Code
32117

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

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	P
NAME	KHAN, IBRAHIM
STREET ADDRESS	1296 8TH ST.
CITY-ST-ZIP	HOLLY HILL FL 32117
TITLE	V
NAME	SOHEL, ARIFUL I
STREET ADDRESS	1296 8TH ST.
CITY-ST-ZIP	HOLLY HILL FL 32117
TITLE	S
NAME	KHAN, NASHIR
STREET ADDRESS	1296 8TH ST.
CITY-ST-ZIP	HOLLY HILL FL 32117
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11.

TITLE	
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CITY-ST-ZIP	

DO NOT WRITE  
IN THIS SPACE

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: ARIFUL SOHEL V.P. 03/27/06 (386-237-0580)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #