

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90084 024 ***158.75

DOCUMENT # P01000062068

1. Entity Name
MAISHA TRADING, INC.

Principal Place of Business **Mailing Address**
~~400 NE 2ND ST.~~ **556 SW AVE - E** ~~400 NE 2ND ST.~~ **556 SW AVE - E**
BELLE GLADE FL 33430 **BELLE GLADE FL 33430**

2. Principal Place of Business **3. Mailing Address**
556 SW AVE - E **556 SW AVE - E**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State**
BELLE GLADE FL **BELLE GLADE**
Zip **Country** **Zip** **Country**
33430 **FLORIDA** **33430** **FLORIDA**

4. FEI Number **Applied For**
65-1116591 **Not Applicable**

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

6. Name and Address of Current Registered Agent **7. Name and Address of New Registered Agent**
CHOWDHURY, TAMANNA **Name** **ARIF ULL AHMED V.P.**
409 NE 2ND ST. **Street Address (P.O. Box Number is Not Acceptable)**
BELLE GLADE FL 33430 **409 NE 2ND ST**
City **BELLE GLADE** **FL** **Zip Code** **33430**

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 *[Signature]* **02-20-02**
 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. ☐ **FILE NOW!!! FEE IS \$150.00**
 (See criteria on back) **After May 1, 2002 Fee will be \$550.00**
Make Check Payable to Department of State **10. Election Campaign Financing** **\$5.00 May Be**
 Trust Fund Contribution. ☐ **Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PVST	TITLE	ARIF ULL AHMED
NAME	CHOWDHURY, TAMANNA	NAME	409 NE 2ND ST
STREET ADDRESS	409 NE 2ND ST.	STREET ADDRESS	BELLE GLADE FL - 33430 V.P.
CITY-ST-ZIP	BELLE GLADE FL 33430	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	CHOWDHURY, TAMANNA	NAME	
STREET ADDRESS	409 NE 2ND ST.	STREET ADDRESS	
CITY-ST-ZIP	BELLE GLADE FL 33430	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **02-20-02** **561-992-8513**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)