

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

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**

05-08-2002 90122 037 \*\*\*158.75

DOCUMENT # P01000065870

1. Entity Name

PADMA CORP.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

13140 W 50 RD 84

Suite, Apt. #, etc.

3. Mailing Address

SAHE

Suite, Apt. #, etc.

City & State

DAVIE FL

City & State

4. FEI Number

65-1124285

Applied For

Not Applicable

Zip

33325

Country

Zip

Country

5. Certificate of Status Desired

☒

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

MOHAMMED M ALAM

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

11512 NW 36 ST

City

CORAL SPRINGS

FL

Zip Code

33065

**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.

SIGNATURE

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

5/22/02

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE PD  
NAME MOHAMMED M ALAM  
STREET ADDRESS 11512 NW 36 ST  
CITY-ST-ZIP CORAL SPRINGS, FL 33065

TITLE VP  
NAME MIZANUL A. KHAN  
STREET ADDRESS 9793 NW 45 ST  
CITY-ST-ZIP FT. LAUDERDALE, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/22/02 954-452-1329

CR2E034B (12/01)