

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

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90237 026 \*\*\*150.00

DOCUMENT # P01000068037

1. Entity Name

ATLANTIC APPRELS U.S.A. INC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

3. Mailing Address

FLORIDA 3144 BROADWAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3057 NE 16<sup>th</sup> AVE Suite #4, Box 125

City & State

City & State

OAKLAND PK EUREKA, CALIFORNIA

Zip

Country

Zip

Country

33334 U.S.A. 95501 U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number

Applied For

A04-3593947

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Shamima Sultana

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

3057 NE 16<sup>th</sup> Avenue

City

OAKLAND PARK FL

Zip Code

33334

**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]*

SHAMIMA SULTANA

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.  
(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 NAME STREET ADDRESS CITY-ST-ZIP	P AKTERUN NABI MOHAMMAD MURADPUR, SITAKUND, CHITTAGONG, BANGLADESH
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MOSAMMAT MASUDA MURADPUR, SITAKUND, CHITTAGONG, BANGLADESH
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOHAMMAD RASHEDUN NABI
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAIF NEWAZ RABBI RAHMANI CHOWMUHONI, CHITTAGONG, BANGLADESH
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MUHAMMAD NURUN NABI MURADPUR, SITAKUND CHITTAGONG BANGLADESH
TITLE NAME STREET ADDRESS CITY-ST-ZIP	/

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

20<sup>th</sup> April 2000

Daytime Phone #

CR2E034B (12/01)