

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

03

DOCUMENT # 001000068037

1. Entity Name

ATLANTIC APPARELS USA INC

FILED

03 MAY -5 AM 9:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1710, Thomas St

3. Mailing Address

3144 Broadway

4. Suite, Apt. #, etc.

12 HOLLYWOOD

5. Suite, Apt. #, etc.

4, PMB 125

City & State

FLORIDA

City & State

EUREKA CA

4. FEI Number

Applied For

Not Applicable

Zip

33020

Country

USA

Zip

95501

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

SHARIMA SULTANA

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

3057 NE 16th AVE

City

OAKLAND PK

FL

Zip Code

33334

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

(NOTE: Registered Agent signature required when reinstating)

DATE

04/28/03

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 P NABI MOHAMMAD A
STREET ADDRESS MURADPUR CHITRA
CITY-ST-ZIP BANGLADESH

TITLE NAME VP AKTER MOSAMMAT
STREET ADDRESS M.
CITY-ST-ZIP "

TITLE NAME D NABI MOHAMMAD
STREET ADDRESS R
CITY-ST-ZIP "

TITLE NAME D NABI MOHAMMAD
STREET ADDRESS IV.
CITY-ST-ZIP "

TITLE NAME D MR. SAIF NEWAZ
STREET ADDRESS R. Rahmani
CITY-ST-ZIP "

TITLE NAME MURADPUR
STREET ADDRESS CHITRA
CITY-ST-ZIP BANGLADESH

TITLE NAME
STREET ADDRESS
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CITY-ST-ZIP

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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:

Nabi

1

04/28/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)