2002 UNIFORM BUSINESS REPORT (UBR)

Jun 02, 2002 8:00 am Secretary of State DOCUMENT # P01000080191 05-13-2002 90260 008 ***150.00 1. Entity Name DHAKA SHOE WAREHOUSE, INC. Mailing Address Principal Place of Business 3333 W DAVIE BLVD, SUITE #306C 3333 W DAVIE BLVD. SUITE #306C FT LAUDERDALE FL 33312 FT LAUDERDALE FL 33312 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Sulte, Apt. #, etc. 2039 NE 163 4. FEI Number Applied For City & State City & State N. M. B FLA 65-1129749 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 162 MIRMI-DADE 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22ND ST. 4TH FLOOR Zip Code MIAMI FL 33145 City 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. 10/6 ☐ Change ■ Addition PSTD TITLE PSTD Delete TITLE ULLAH, AMAN NAME ULLAH, ARMAN NAME **CR2E034** 3333 W DAVIE BLVD, SUITE#306 C STREET ADDRESS STREET ADDRESS 3333 W DAVIE BLVD, SUITE #306C CITY-ST-ZIP FT LAUDERDALE FL 33312 FT LAUDERDALE FL 33312 CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 🗠 🔁 Addition 🗠 محمد ما معالی می معالی می از از این از Delete TITLE: TITLE + NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition

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13. I hereby certify that the information supplied with this filling 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

TITLE

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TITLE

NAME STREET ADDRESS

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