DHAKA SHOE HAREHOUSE, INC. DO NOT WRITE IN THIS SPACE Principal Place of Business 33237 H. DAVIE BLVD \$11 E. DAKLAND PK BLD Solin April 40.	DOC 1. Entity	UMEN.	T# P0100	ESS REPOR 00.80191	(0.	PA SE	RETARY OF ST	HITCH P	01000080191
The above named ertity submits the statement for the purpose of changing its registered office or implantered agent. John Space or insurance or insu	Ţ	HAKA	SHOP WA	AREHOUSE,	1NC	- 07	OCT -3 PH I	2:01	
3322 A. DAVIE BUD SUBAPLE, As sto. DO NOT WRITE IN THIS SPACE Name and Address of Current Registered Agent William In The above named entity submits this statement for the purpose of changing as registered office or registered agent, or both, in the State of Florica. Sharture Sometimes and entity submits this statement for the purpose of changing as registered office or registered agent, or both, in the State of Florica. Sharture Sometimes and entity submits this statement for the purpose of changing as registered office or registered agent, or both, in the State of Florica. After Many 1 - Many 1		DO 1	NOT WRITE	IN THIS S	SPAC	E			
City 5 States T. LADDERDALE, FL CANCIAND BRK FL Country 20 233334 Country U.S.A 233334 Country U.S.A 233334 Country U.S.A 233334 Country U.S.A 25 Certificate of Status Desired See Required Service Actives (P.O. Box Number is Not Acceptable) Sirect Actives (P.O. Box Number is Not Acceptable) Sir	3333 Suite, A	3 H 1	DAVIE BLUD	1911 E. C	DAKLAN	D PK BLUD			
Secretarian of State Desired	City & S	State			PK F		4. FEI Number		
DO NOT WRITE IN THIS SPACE Name and Address of Current Replated Agent Name of Mohammad Parvers		12	Country U.S.A	Zip	Country	5.A	5. Certificate of Status	Desired	\$8.75 Additional
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. NATURE City Ff					. J 	Street Address (P.	Chammed D. Box Number is Not A	Parvez	
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. SNATURE Speakue, typing or private raise of registered agent are trea of appointment and acciss to do so. After May 1 Fee its \$150.00. After May 1 Fee				,	, F	City Ft 100	dendele	FI	Zip Code
This corporation is eligible to satisfy its Intengible Table 1971 and 1971 for its \$150.00 Arter May 1 for its \$10.00 Arter Ma			the tas	vez	registered (office or registered	agent, or both, in the S	tate of Florida.	1 33334
MD RAHOL 311 E. OAKOMA PARK, GI-33334 TD AYUB ALI 1ADDRESS 51-2P AYUB ALI 2075 AE 164 ST, A. MIAMI BCH FL-33162 TILE NAME STREET ADDRESS CITY-ST-2P TILE NAME STREET ADDRESS CITY-ST-2P DO NOT WRITE IN THIS SPACE TILE NAME STREET ADDRESS CITY-ST-2P TILE NAME S				title if applicable. (NOT	E: Registered Age	ent signature required who	on reinstating)	- DATE	
AYUB ALI 2075 AE 164 ST, A. MIAMT BCH FL - 3/20162 TITLE MAME STREET ADDRESS CITY-ST-ZIP TO NOT WRITE IN THIS SPACE TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STRE	lax filing	poration is eligit	ble to satisfy its Intangible and elects to do so.	January 1 - M After May Amended Make Check Payab	lay 1 Fee is \$	s \$150.00 550.00	, 10. Election Cam	paign Financing	\$5.00 May Be Added to Fees
ADDRESS 1-ZIP ADDRESS CITY-ST-ZIP DO NOT WRITE ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TADDRESS	ocration is eligitive requirement are retained on back) MD R 911 E	OFFICERS AND DI CAHUL OAKland Park, F1-3	January 1 - M After May Amended Make Check Payab RECTORS	lay 1 Fee is \$ 1, Fee is \$ d UBR is \$ die to Depar	s \$150.00 550.00 61.25 riment of State	, 10. Election Cam	paign Financing	- Added to Fees
ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Enterly certify that the information supplied with this filing does not qualify for the exemption stated in Section 1.5 Sectio	T ADDRESS ST-ZIP	MD R 911 E OAKlan AYUB 2075	OFFICERS AND DI OFFICERS AND DI OFFICERS AND DI OAKland Pand Park, F1-3 TD ALI NE 164 ST. N	January 1 - M After May Amendee Make Check Payab RECTORS	Asy 1 Fee is \$ 1, Fee is \$ 4 UBR is \$ \$ 1 UBR is \$ \$ 1 UBR is \$ 1	s \$150.00 550.00 61.25 riment of State	, 10. Election Cam	paign Financing	- Added to Fees
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	I ADDRESS T ADDRESS T-ZIP ADDRESS T-ZIP	MD R 911 E OAKlan AYUB 2075	OFFICERS AND DI OFFICERS AND DI OFFICERS AND DI OAKland Pand Park, F1-3 TD ALI NE 164 ST. N	January 1 - M After May Amendee Make Check Payab RECTORS	Asy 1 Fee is \$ 1, Fee is \$ 4 UBR is \$ \$ 1 UBR is \$ \$ 1 UBR is \$ 1	8 \$150.00	10. Election Cam Trust Fund Co	paign Financing surribution.	- Added to Fees
DORESS ZIP STREET ADDRESS CITY-ST-ZIP ereby certify that the information supplied with this filing does not qualify for the exemption stand in Section 1.	T ADDRESS ST-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	MD R 911 E OAKlan AYUB 2075	OFFICERS AND DI OFFICERS AND DI OFFICERS AND DI OAKland Pand Park, F1-3 TD ALI NE 164 ST. N	January 1 - M After May Amendee Make Check Payab RECTORS	Asy 1 Fee is \$ 1, Fee is \$ 1 UBR is \$ U	\$ \$150.00	10. Election Cam Trust Fund Co	paign Financing Intribution.	Added to Fees
icated on this report or 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 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 other certification of 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 other certification or the receiver or trustee empowered.	T ADDRESS ST-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	MD R 911 E OAKlan AYUB 2075	OFFICERS AND DI OFFICERS AND DI OFFICERS AND DI OAKland Pand Park, F1-3 TD ALI NE 164 ST. N	January 1 - M After May Amendee Make Check Payab RECTORS	ABY 1 Fee is \$1, Fee is \$2 to UBR is \$1 to Depart TITLE NAME STREET ADD CITY-ST-ZE TITLE NAME STREET ADD STREET ADDR CITY-ST-ZE TITLE NAME STREET ADDR	s \$150.00 550.00 61.25 riment of State ORESS OP ORESS P	10. Election Cam Trust Fund Co	paign Financing Intribution.	Added to Fees
· · · · · · · · · · · · · · · · · · ·	TADDRESS ST-ZIP TADDRESS ST-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	MD R 911 E Oaklan AYUB 2075 FL - 32	OFFICERS AND DI OFFICERS AND DI OFFICERS AND DI OAKLOND RA NA PACK, FI-3 TD ALI NE_164 ST, N 0162	January 1 - M After May Amended Make Check Payab RECTORS AK BLVA 03334 I. MIAMT BCH	Asy 1 Fee is \$1, Fee is \$2 UBR is \$\$	s \$150.00 550.00 61.25 riment of State ORESS OP RESS	DO NO	DT WRIT	E