FROM : SFL-ONESTOP FAX NO. : 3055329307

FILED
May 21, 2002 8:00 am
Secretary of State
05-21-2002 90877 047 ***150.00

DOCUMENT # P01000095414

1. Entity Name

ANAND BAZAR, INC

Principal Place of Business
514 NE 167th Street
N. Miami, FL 33162

Mailing Address

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-114 5868 ☐ Applied for ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

Rashid, MD HARUN-UR
514 NE 167 Street
N. Miami, FL 33162

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: PRESIDENT
RASHID, MD HARUN-UR
514 NE 167 Street
N. Miami, FL 33162
☐ Delete

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP
☐ Delete

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10. ADDITIONS/CHANGES

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

CR2E083 (11/00)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Md. Harun-ur Rashid
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE
Date
Daytime Phone #