

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2002 8:00 am
Secretary of State
 05-17-2002 90019 015 ***150.00

DOCUMENT # P01000095453

1. Entity Name
MAMUN, INC.

Principal Place of Business
**1760 S MISSOURI AVE
 LARGO FL 33770**

Mailing Address
**1760 S MISSOURI AVE
 LARGO FL 33770**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

593748748

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DAFONTE, RICHARD J ESQUIRE
 1000 BELCHER RD SOUTH, STE 2
 LARGO FL 33771**

Name
MIRZA AL MASUD

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

7330 CENTRAL AVE

City
ST. PETERSBURG

FL

Zip Code
33707

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 *On. mail*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/17/02

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **MASUD, MIRZA A L**
 STREET ADDRESS **7330 CENTRAL AVE**
 CITY-ST-ZIP **ST PETERSBURG FL 33707**

TITLE **P/S** ☒ Change ☐ Addition
 NAME **MASUD, MIRZA AL**
 STREET ADDRESS **7330 CENTRAL AVE**
 CITY-ST-ZIP **ST. PETER SBURG, FL 33707**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP** ☐ Change ☐ Addition
 NAME **MAMUN, MIRZA AL**
 STREET ADDRESS **7330 CENTRAL AVE**
 CITY-ST-ZIP **ST. PETERSBURG, FL 33707**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

On. mail
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/02

Date

Daytime Phone #

CR2E034 (9/01)