04/28/2004 10:44 7278687112

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May 04, 2004 8:00 am
Secretary of State
05-04-2004 90187 047 ***150.00

2004 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000095453

1. Entity Name

MAMUN, INC.

24068954

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 1760 S MISSOURI AVE
Suite, Apt #, etc.
City & State: LARGO, FL
Zip: 33770
Country:

3. Mailing Address: 1501 E FOWLER AVE
Suite, Apt #, etc.
City & State: TAMPA, FL
Zip: 33647
Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3748748 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent
Name: MIRZA AL MASUD
Street Address (P.O. Box Number is Not Acceptable): 1501 E FOWLER AVE
City: TAMPA, FL Zip Code: 33647

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. I am familiar with, and accept, the obligations of registered agent.

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	TITLE	
NAME	MASUD, MIRZA AL	NAME	
STREET ADDRESS	1501 E FOWLER AVE	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33647	CITY-ST-ZIP	
TITLE	VP	TITLE	
NAME	MAMUN, MIRZA AL	NAME	
STREET ADDRESS	1501 E FOWLER AVE	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33647	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. 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 10 or on an *attachment* with an address, with *all* other like empowered.

SIGNATURE: M Masud President 04/28/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #