FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P-01000095453 1. Entity Name



FILED Apr 07, 2003 8:00 am Secretary of State

04-07-2003 90979 007 ***150.00

MAMU	N, INC.						
	DO NOT WRITE	IN THIS SI	PACE				1
2. Principal Place of Business 1760 S MISSOURI AVE		3. Mailing Address 1760 S MISSSOURI AVE				•	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
MARCO, FL		TARGO, FL			4. FEI Number		
Zip 3377	0 Country	^{Zip} 33770	Country		5. Ce		8.75 Additional ee Required
	Superior Assumption and the superior of the su			7	. Name	e and Address of Current Registered	
			Name	MIRZ	A A	L MASUD	
DO NOT WRITE			Street Address (P.O. Box Number is Not Acceptable) 7330 CENTRAL AVE				
	IN THIS SP	ΔCF		7330	CE	NTRAL AVE	
						<u> </u>	
			City	ST.	PETI	ERSBURG, FL	² 3°3°9°07
8. The above	e named entity submits this statement for	the purpose of changing its	registered office or	registered	d agent	, or both, in the State of Florida. I am far	miliar with, and accept
the obligat	tions of registered agent.						
SIGNATURE	,						
	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE	: Registered Agent signatur	re required w	nen reinsti	ating) DATE	
	nuary 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Payable to Florida Department of	State	- ,	· -		9. Election.Campaign.Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
10.	OFFICERS AND I	DIRECTORS	を構造する方式の	J107 181		· · · · · · · · · · · · · · · · · · ·	THE PERSONNELS
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CITY-ST-ZIP				學學問題			· · · · · · · · · · · · · · · · · · ·

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 be 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: