

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

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91740 007 \*\*\*150.00

DOCUMENT # P01000101578

1. Entity Name

BISME TRADE INC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

12108 N. 56th ST

3. Mailing Address

P.O. Box 26583

Suite, Apt. #, etc.

Suite, Apt. #, etc.

# 7

City & State

TAMPA, FL

City & State

TAMPA, FL

4. FEI Number

59-3748053

Applied For

Not Applicable

Zip

33617

Country

U.S.A

Zip

33622

Country

U.S.A

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

MIRZA M. BAIG

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

11500 SUMMIT WEST BL # 3D

City

TAMPA

FL

Zip Code  
33617

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

MIRZA M. BAIG - SECRETARY

5-1-02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back)

☒

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PRESIDENT  
MEHDI H. MOHAMMED  
14240 N. 42ND ST #2401  
TAMPA, FL - 33613

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VP  
MIRZA A. BAIG  
14240 N. 42ND ST #2401  
TAMPA, FL - 33613

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MIRZA M. BAIG  
SECRETARY  
11500 SUMMIT WEST BL # 3D  
TAMPA, FL - 33617

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

MIRZA M. BAIG

5-1-02

813-989-8786

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR020348 (12/01)