2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P01000110957**

1. Entity Name
EAST AVENUE, INC.

Principal Place of Business	Mailing Address
7301 MIAMI LAKES DR MIAMI LAKES, FL 33014	7301 MIAMI LAKES DR MIAMI LAKES, FL 33014

2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1155746**	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
UDDIN, MOHAMMED 12874 BISCAYNE BLVD. N. MIAMI, FL 33181	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. 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

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
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 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

				TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ Addition
TITLE	PD	☐ Delete							
NAME	SOOD, SANJAY								
STREET ADDRESS	3556 S.W. 173RD WAY								
CITY-ST-ZIP	MIRAMAR, FL 33029								
TITLE	VPD	☐ Delete						☐ Change	☐ Addition
NAME	UDDIN, MOHAMMED								
STREET ADDRESS	12874 BISCAYNE BLVD.								
CITY-ST-ZIP	N. MIAMI, FL 33029								
TITLE	SD	☐ Delete						☐ Change	☐ Addition
NAME	HOSSAIN, MOHAMMAD B								
STREET ADDRESS	7301 MIAMI LAKES DRIVE								
CITY-ST-ZIP	MIAMI LAKES, FL 33014								
TITLE		☐ Delete						☐ Change	☐ Addition
NAME									
STREET ADDRESS									
CITY-ST-ZIP									
TITLE		☐ Delete						☐ Change	☐ Addition
NAME									
STREET ADDRESS									
CITY-ST-ZIP									
TITLE		☐ Delete							
NAME									
STREET ADDRESS									
CITY-ST-ZIP									

CR2E034 (10/02)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ SANJAY SOOD   PRESIDENT   3/5/03   305-826-0663
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #