

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 21, 2006 8:00 am**  
**Secretary of State**

03-21-2006 90022 005 \*\*\*150.00

**DOCUMENT # P04000038310**

1. Entity Name  
**BHUIYAN ENTERPRISES, INC.**



Principal Place of Business  
2210 NW 183RD ST  
OPA LOCKA, FL 33056

Mailing Address  
2210 NW 183RD ST  
OPA LOCKA, FL 33056

**DO NOT WRITE IN THIS SPACE**



02222006 No Chg-P CR2E034 (11/05)

4. FEI Number  
20-1412035

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

UDDIN, MOHAMMED J  
2210 NW 183 ST  
OPA LOCKA, FL 33056

**DO NOT WRITE  
IN THIS SPACE**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
UDDIN, MOHAMMED J  
15570 NW 12 ST  
HOLLYWOOD, FL 33028

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
BHUIYAN, MONIR H  
16384 4 NW 16 ST  
HOLLYWOOD, FL 33028

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VPD  
MONWARA, HOSSAIN  
1839 NW 162 AVE  
PEMBROKE PINES, FL 33028

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
SAMSON, NAHAR  
940 NE 170 ST  
MIAMI, FL 33162

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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 exemptions contained in Chapter 119, 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/23/06