

FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR) -

FILED  
Apr 21, 2005 08:00 AM  
Secretary of State

ATX1

DOCUMENT # P04000084864

1. Entity Name

St Cloud Food Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

718 13th Street

3. Mailing Address

500 State Road 436 Ste 2022

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

St Cloud, FL

City & State

Casselberry, FL

4. FEI Number

20-1178699

Applied For

Not Applicable

Zip

Country

34769

Zip

Country

32707

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

DO NOT WRITE  
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

ISLAM, MD T

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

500 STATE RD. 436, STE. 2022

City

Casselberry, FL

FL

Zip Code

32707

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TS  
BHUIYAN, SHAIKUL  
500 STATE RD 436, STE. 2022  
CASSELBERRY FL 32707

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

VP  
HOSSAIN, TOFAZZAL  
500 STATE RD 436, STE. 2022  
CASSELBERRY FL 32707

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

P  
ISLAM, MD T  
708 SUNCREST LOOP # 102  
CASSELBERRY FL 32707

TITLE  
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DO NOT WRITE  
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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:

SHAIKUL BHUIYAN SHAIKUL BHUIYAN

Date

Daytime Phone #

04-15-05 407-328-4864