

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

FILED
May 15, 2008 8:00 am
Secretary of State

05-15-2008 90028 004 ***150.00

DOCUMENT # P04000084864	
1. Entity Name	
St Cloud Food Inc	

DO NOT WRITE IN THIS SPACE

40102797

2. Principal Place of Business 718 13th Street		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State St Cloud, FL		City & State	
Zip 34769	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1178699		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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. 2016	
City Casselberry	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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS BHUIYAN, SHAFUL 500 STATE ROAD 436 STE 2016 CASSELBERRY FL 32707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HOSSAIN, MOHAMMED 248 MAGNOLIA PARK TRAIL SANFORD FL 32773
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ISLAM, MD T 4808 JEANNETTE CT ST CLOUD 34771
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-18-08