

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

**FILED**  
**Mar 07, 2005 08:00 AM**  
**Secretary of State**

ATX1

<b>DOCUMENT #</b> P04000119472	
<b>1. Entity Name</b>	
Three Way Food Inc	

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> 3105 N Hway 19 A Suite, Apt. #, etc.		<b>3. Mailing Address</b> 3105 N Hway 19 A Suite, Apt. #, etc.	
<b>City &amp; State</b> Mount Dora, FL		<b>City &amp; State</b> Mount Dora, FL	
<b>Zip</b> 32757	<b>Country</b>	<b>Zip</b> 32757	<b>Country</b>

DO NOT WRITE IN THIS SPACE

<b>4. FEI Number</b> 20-1505737		<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	

**DO NOT WRITE  
IN THIS SPACE**

<b>7. Name and Address of Current Registered Agent</b>	
<b>Name</b> Hossain Tofazzal	
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 3105 N HWY 19-A	
<b>City</b> Mount Dora, FL	<b>Zip Code</b> 32757

**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**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b> President	<b>NAME</b> BHUIYAN, M.D KAMALUDDIN
<b>STREET ADDRESS</b> 3105 N HWY 19-A	<b>CITY-ST-ZIP</b> MOUNT DORA FL 32757 US
<b>TITLE</b> Vice President	<b>NAME</b> AHMED, MOHAMMAD H
<b>STREET ADDRESS</b> 3105 N HWY 19-A	<b>CITY-ST-ZIP</b> MOUNT DORA FL 32757 US
<b>TITLE</b> NAME	<b>STREET ADDRESS</b> CITY-ST-ZIP
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**11.**

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IN THIS SPACE**

00000253498  
03/07/05-80035-025 150.00

**12. 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 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 #