

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

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT #	P04000119472
1. Entity Name	
Three Way Food Inc	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
3105 N Hwy 19 A		3105 N Hwy 19 A	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Mount Dora, FL		Mount Dora, FL	
Zip	Country	Zip	Country
32757		32757	

DO NOT WRITE IN THIS SPACE

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
HOSSAIN, TOFAZZAL
Street Address (P.O. Box Number is Not Acceptable)
3105 N HWY 19-A
City
MOUNT DORA
FL
Zip Code
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

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BHUIYAN, M.D KAMALUDDIN
STREET ADDRESS	3105 N HWY 19-A
CITY-ST-ZIP	MOUNT DORA FL 32757 US
TITLE	VP
NAME	AHMED, MOHAMMAD H
STREET ADDRESS	3105 N HWY 19-A
CITY-ST-ZIP	MOUNT DORA FL 32757 US
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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11.

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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 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) **Md. Kamal Bhuyan, President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4-11-06** Daytime Phone #