

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2007 08:00 A
Secretary of State

DOCUMENT # P04000151012

1. Entity Name
UNITED H.B. INC.



Principal Place of Business
**18130 N.W. 2 AVENUE
MIAMI, FL 33169 US**

Mailing Address
**18130 N.W. 2 AVENUE
MIAMI, FL 33169 US**



02222007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 4. FEI Number 20-1835785 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

**BHUIYAN, MONIR H
18130 N.W. 2 AVENUE
MIAMI, FL 33169**

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

| | |
|----------------|--------------------------|
| TITLE | VP,D |
| NAME | BHUIYAN, MONIR H |
| STREET ADDRESS | 16384 N W 16 STREET |
| CITY-ST-ZIP | PEMBROKE PINES, FL 33028 |

| | |
|----------------|------------------------------|
| TITLE | P,D |
| NAME | MOSTAFA, GOLAM |
| STREET ADDRESS | 1650 N.E. 135 STREET APT 501 |
| CITY-ST-ZIP | N. MIAMI, FL 33181 |

| | |
|----------------|-----------------------------|
| TITLE | S,D |
| NAME | UDDIN, CHOROAR |
| STREET ADDRESS | 1650 NE. 135 STREET APT 501 |
| CITY-ST-ZIP | N. MIAMI, FL 33181 |

| | |
|----------------|-----------------------------|
| TITLE | T,D |
| NAME | RAZZAK, MOHAMMED A |
| STREET ADDRESS | 999 N.E. 167 STREET APT 410 |
| CITY-ST-ZIP | N. MIAMI BEACH, FL 33162 |

| | |
|----------------|--|
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| | |
|----------------|--|
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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**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: G. Mostafa (GIOLAM MOSTAFA)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 05, 2007

Date

Daytime Phone #