

FROM :

FAX NO. :

05-09-2006 90083 032 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P05000131015

1. Entity Name

Nasrin Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

300 W SR 26

Suite, Apt. #, etc.

3. Mailing Address

5800 W SR 26

Suite, Apt. #, etc.

City & State

Trenton, FL

City & State

Trenton, FL

4. FEI Number

30-0335155

Applied For

Not Applicable

Zip

2693

Country

Zip

32893

Country

5. Certificate of Status Desired

☐

\$8.76 Additional
Fee Required

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40089885

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IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

RAHMAN, MAMUNUR

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

1200 KUSHMER STREET

City

Bell

FL

Zip Code

32819

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 \$160.00

After May 1, Fee is \$590.00

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
Director
RAHMAN, MAMUNUR
1200 KUSHMER STREET
Bell, FL - 32819

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 #

DO NOT WRITE
IN THIS SPACE