

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

FILED
Apr 03, 2007 8:00 am
Secretary of State

04-03-2007 90008 009 ***150.00

DOCUMENT # P05000158817	
1. Entity Name	
M & S OF DELAND, INC.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 901 SOUTH WOODLAND BLVD Suite, Apt. #, etc.		3. Mailing Address 901 SOUTH WOODLAND BLVD Suite, Apt. #, etc.	
City & State DELAND, FL		City & State DELAND FL	
Zip 32720	Country	Zip 32720	Country USA

DO NOT WRITE IN THIS SPACE

40048791

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name RAHMAN, MOHAMMAD A	
	Street Address (P.O. Box Number is Not Acceptable) 901 SOUTH WOODLAND BLVD	
	City DELAND	Zip Code 32720

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	P
NAME	HOSSAIN, MOTHAYER
STREET ADDRESS	2820 SW 14 STREET #25
CITY-ST-ZIP	BOYNTON BEACH FL 33426
TITLE	VP
NAME	CHOWDHURY, RAFIQUZZMAN
STREET ADDRESS	2820 SW 14 STREET #25
CITY-ST-ZIP	BOYNTON BEACH FL 33426
TITLE	S
NAME	RAHMAN, MOHAMMAD A
STREET ADDRESS	901 SOUTH WOODLAND BLVD
CITY-ST-ZIP	DELAND FL 32720
TITLE	T
NAME	RAHMAN, MOHAMMED M
STREET ADDRESS	2820 SW 14 STREET #25
CITY-ST-ZIP	BOYNTON BEACH FL 33426
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	

11.

TITLE	
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NAME	
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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: A. Rahman MOHAMMAD A RAHMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-07

Date

Daytime Phone #