

P10000030144

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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WAIT

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(Business Entity Name)

(Document Number)

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FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
10 JUN - 1 AM @ 06

Amend
@ 6.1.10



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 25, 2010

MOHAMMED D. MOMIN
WASIKA TRADING CORPORATION
5041 CHALLET CT., APT. 910
TAMPA, FL 33618

SUBJECT: WASIKA TRADING CORPORATION
Ref. Number: P10000030144

We have received your document for WASIKA TRADING CORPORATION and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must have original signatures.

A printed name is not acceptable, please sign the form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 210A00013167

RECEIVED
2010 JUN -7 PM 8:08
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS

Date: June 1, 2010

Total Page Faxed: 7

To
Irene Albritton
Regulatory Specialist II
Florida Department of State
Division of Corporation

Sub.: Wasika Trading Corporation Amendment Request
Ref. Number: P10000030144
Letter Number: 210A00013167

Dear Madam

Per our telephonic conversation I would like to confirm you that the signature I used on the enclosed forms is my regular signature, it is not a printed name. This is my signature I use for all my official and other purposes. Here is my sample signature again for your verification:

Mohammed D Momin

Mohammed D Momin

Please amend my corporation as per my request; I can't open a business account until amendment is done. I will mail you the original documents thru US Mail today.

Thanks and best regards,

Mohammed D Momin
(Mohammed D Momin)
Wasika Trading Corporation
4075 Henderson Blvd.
Tampa, FL 33629

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: WASIKA TRADING CORPORATION

DOCUMENT NUMBER: P10000030144

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MOHAMMED D MOMIN

Name of Contact Person

WASIKA TRADING CORPORATION

Firm/ Company

5041 CHALLET CT., APT 910

Address

TAMPA, FL 33617

City/ State and Zip Code

MOMIN.MOHAMMED@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MOHAMMED D MOMIN

Name of Contact Person

at (813)

481-3666

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is enclosed)

☐ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy is enclosed)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

WASIKA TRADING CORPORATION

(Name of Corporation as currently filed with the Florida Dept. of State)

P10000030144

(Document Number of Corporation (if known))

FILED STATE
SECRETARY OF
TALLAHASSEE, FLORIDA
10 JUN - 1 AM 8:06

Pursuant to the provisions of section 607.1006, Florida Statutes, this **Florida Profit Corporation** adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address **MUST BE A STREET ADDRESS**)

4075 HENDERSON BLVD

TAMPA, FL 33629

C. Enter new mailing address, if applicable:
(Mailing address **MAY BE A POST OFFICE BOX**)

4075 HENDERSON BLVD

TAMPA, FL 33629

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

MOHAMMED D MOMIN

New Registered Office Address:

4075 HENDERSON BLVD

(Florida street address)

TAMPA

(City)

, Florida 33629

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Mohammed D Momin

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:
(Attach additional sheets, if necessary)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>P</u>	<u>MOHAMMED D MOMIN</u>	<u>5041 CHALET CT. APT. 910</u> <u>TAMPA, FL 33617</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>VP</u>	<u>MOHAMMAD M AHMED</u>	<u>7601 49TH STREET NORTH</u> <u>PINELLAS PARK</u> <u>FL 33781</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>P</u>	<u>KABIR AHMED</u>	<u>8975 HERITAGE LANE</u> <u>APT. 525</u> <u>TEMPLE TERRACE, FL 33617</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

MOHAMMED D MOMIN - 500 SHARES

MOHMMAD M AHMED - 500 SHARES

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

N/A

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
VP	MST. AKTER	5041 CHALET CT. APT. 910 TAMPA, FL 33617	⌚ Remove

Mohammed D Momin

The date of each amendment(s) adoption: 05/18/2010

(date of adoption is required)

Effective date if applicable: 05/18/2010

(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

- ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval

by _____."

(voting group)

- ☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
- ☒ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 05/18/2010

Signature Mohammed D Momin

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

MOHAMMED D MOMIN

(Typed or printed name of person signing)

INCORPORATOR

(Title of person signing)