

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 23, 2003 8:00 am**  
**Secretary of State**

01-23-2003 90102 032 \*\*\*150.00

**DOCUMENT # P95000005980**



1. Entity Name  
**KS INC. OF USA**

Principal Place of Business  
**630 S DIXIE HWY  
LAKE WORTH FL 33460**

Mailing Address  
**630 S DIXIE HWY  
LAKE WORTH FL 33460**



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **65-0547724**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**RAHMAN, REZAUR  
630 S DIXIE HWY  
LAKE WORTH FL 33460**

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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	<b>DP</b> <input type="checkbox"/> Delete
NAME	<b>RAHMAN, REZAUR</b>
STREET ADDRESS	<b>874 N DIXIE HWY</b>
CITY-ST-ZIP	<b>LANTANA FL 33462</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>CHOWDHURY, MAKUSDUL H</b>
STREET ADDRESS	<b>874 N DIXIE HWY</b>
CITY-ST-ZIP	<b>LANTANA FL 33462</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>CHOWDHURY, BADRUL A</b>
STREET ADDRESS	<b>630 S DIXIE HWY</b>
CITY-ST-ZIP	<b>LAKE WORTH FL 33460</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>AKHAND, FARID A</b>
STREET ADDRESS	<b>615 LANTANA RD</b>
CITY-ST-ZIP	<b>LANTANA FL 33462</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

**1/20/03**  
Date

Daytime Phone #

CR2E034 (10/02)